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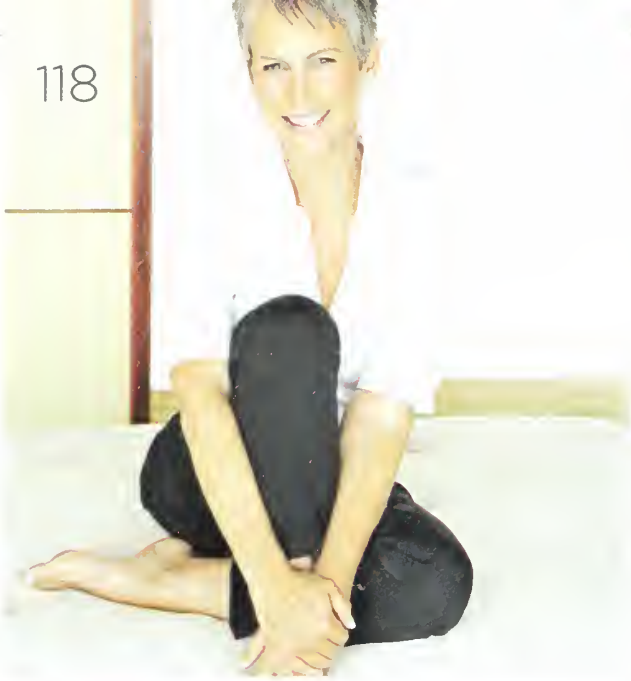
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A PORTRAIT IN COURAGE

In March I had the honor of hosting a breakfast with Lee and Bob Woodruff, in conjunction with our excerpt of their new book, *In an Instant*, which is now a best seller. It tells the harrowing and heartfelt story of how Bob Woodruff, then an ABC coanchor, was severely injured by a roadside bomb while covering the war in Iraq. Bob was impressive, and his recovery is nothing short of miraculous. His not-so-secret rehabilitative angel? His wife, Lee, who charmed everyone in the room.





From top: Bob Woodruff with me at our breakfast; Lee Woodruff (center) with *Ladies' Home Journal* Publisher Julie Pinkwater (left) and Beauty Director Patricia Reynoso

HAVE FUN LOSING IT!

Nearly 700 women sent in videos hoping to win our "New Year, New You" contest, announced in our January cover story on Kirstie Alley. The prizes include a year-long Jenny Craig membership and a refrigerator makeover. Your videos were touching, witty, wacky and inspiring. We picked 10 winners from all over the country and in April five of them were flown to Beverly Hills and treated to great meals and massages—as well as a lunch with *Ladies' Home Journal* and Kirstie herself. *ET* and *The Insider* joined to film the high jinks and the emotion. You can view the winning videos, as well as follow all 10 winners' progress, at *www.lhj.com/nyny*.



Left to right: Crystal Kavallieros, Sheila Hunt, Doreen Bocchino, Kirstie Alley, Robin McGaha, Sandy Boister

FALL IN LOVE AGAIN



It would actually be pretty tough not to feel romantic relaxing on this spectacular spot (left) at the Sandals Grande St. Lucian Spa & Beach Resort, which is where we are holding our third annual Wedding Vow Renewal event. Whether you've been married five years or 25, come celebrate your commitment alongside *Ladies' Home Journal* editors and a celebrity guest. For more, see page 21, go to *www.lhj.com/vowsevent* or call 800-327-1991, x4372.

Diane Salvatore

Diane Salvatore, Editor-in-Chief

Write to me at *lhj.deardiane@meredith.com*



Her Heart Is in the Right Place

Robin Roberts, coanchor of *Good Morning America*, has written a memoir in which she describes growing up with three siblings all over the world—her father was a Tuskegee Airman—and the life lessons she learned about discipline, commitment, love and succeeding with grace. Fifty readers will win a free copy. See details below.

Subject to Official Rules at *www.lhj.com/freebooks*. No purchase necessary to enter or win. To enter, send a postcard with your name, address and daytime phone number to *Ladies' Home Journal* From the Heart Book Giveaway, 125 Park Avenue, 20th Floor, New York, NY 10017. The From the Heart Book Giveaway begins June 13, 2007, and ends July 10, 2007. Entries must be postmarked on or before July 10, 2007, and received by July 17, 2007. Open to legal residents of the 50 United States and the District of Columbia, 21 years or older. One entry per household. Void where prohibited. Operator: Meredith Corporation.

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Charting a New Course

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Saying a Guilt-Free "No"

Your sister asks you—again—to drive your elderly parents home (two hours away) from the family gathering and even though you're inwardly screaming "no, no, no!" your lips say "yes, sure." Isn't there some way to utter that little two-letter word without feeling as though you're abandoning your family and friends? Yes! "In three steps, you can learn to say a guilt-free 'no,'" explains William Ury, Ph.D., in his new book, *The Power of a Positive No: How to Say No and Still Get to Yes.*

1 Focus on the "yes" behind the "no." When you refuse a request, it's usually because you're protecting another priority—getting home to spend time with your kids, for example. Recognize (at least to yourself) the positive choice you are making. The more important that value is, the more justified you'll feel.

2 Once more, with feeling. If you feel bad about saying "no," your voice may sound edgy or defensive. Don't let it. Practice making your "no" clear, respectful and matter-of-fact, to ensure that others won't sense an opening to wheedle and try to make you feel guilty.

3 Recognize your relationship. Follow up your "no" with a proposal that affirms your bond with the person asking something of you. Tell your sister that next time the two of you should drive to your parents' house together—and share some quality time of your own on the road. Saying "no" to a request doesn't stop you from affirming how important the person asking is to you. *—K. Emily Bond*

THE FEELING FILE:

Do Some People Just Enjoy Making You Mad?

YES, finds a new study from the University of Michigan. While most of us don't like to see someone upset, some men and women who have higher-than-average levels of testosterone—a hormone associated with the desire to dominate—find others' angry expressions rewarding.

This means people high in testosterone may get pleasure from provoking others. "When a person is teased, she responds with a split-second facial expression of displeasure that is impossible to suppress," explains Michelle Wirth, Ph.D., coauthor of the study. "When someone enjoys those expressions, he has incentive to badger her to see them again and again."

So what to do? Avoid those who needle you. When you must interact, remember that the problem lies in *his* hormones, not in any inadequacy of yours. Stay cool—or laugh at his antics. Knowing that you're cheating him of his reward is the best revenge!

—Alison O. White

LISTEN WITH YOUR HEART

The announcement about Elizabeth Edwards's returning cancer made so many of us wonder what we would say to a friend if she told us similar sobering news. Often we fumble for the right words of comfort or even draw back from a friend because her situation can stir up our own anxieties about death, experts claim.

So what is the graceful and loving thing to say? Actually, it's more important to listen well. Think of yourself as a sounding board and let your loved one express herself openly—and deal with your own fears on your own time, says Dale G. Larson, Ph.D., a psychologist who specializes in end-of-life care. Also, let your friend take the lead. "We



assume that our sick friends are preoccupied with their illness, but Edwards is concerned about John's campaign—and that's good," he says. If your friend does express fear, respond with empathy and let her know you love her. To paraphrase Edwards: Make sure she knows she doesn't have to go through her trials alone. *—Katie Brophy*

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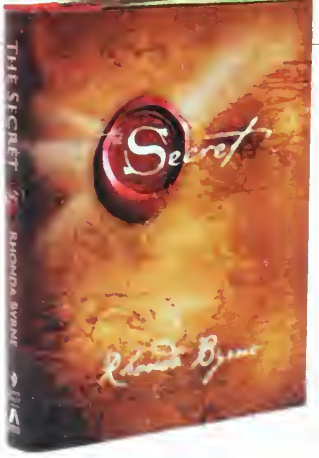
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Revealing The Truth About *The Secret*

Chances are you're already in on *The Secret*. Published last November, the self-help best seller has 5.25 million copies in print and, with boosts from TV shows, the think-positive juggernaut created by Rhonda Byrne, a TV and film producer, shows no signs of slowing down. The "secret" is "the law of attraction." Simply put, *The Secret* says that by thinking positively and visualizing the good things you want to happen—financially, romantically and careerwise—you can help lure those positive events into your life. Is this real help—or hocus-pocus? We asked four experts for their views.

Visualizing what you desire is a powerful tool that can help bring about change in your life. But positive thinking, visualization and guided imagery are just wisps of dreams if they aren't backed up with action. If all you do is visualize, then you are taking a simplistic, "magical thinking" approach to making things happen. Also, *The Secret* doesn't talk about the *nature* of what you want. When I was a kid I wanted to eat cotton candy all the time, but my parents knew that it couldn't be my sole nourishment. The same principles apply here—you need to be sure that you understand why you want something. ***Kirwan Rockefeller, Ph.D., author of* Visualize Confidence: How to Use Guided Imagery to Overcome Self-Doubt**

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Do you believe in *The Secret*? Join the discussion: **www.lhj.com /thesecret**

At the heart of *The Secret* is what's called the "fundamental attribution error," the notion that good things happen to good people and bad things happen to bad people. *The Secret* implies that whatever happens, the person affected is responsible. This is blaming the victim inappropriately and crediting the beneficiary of good fortune just as inappropriately, which is destructive. One thing the book is right about is that people like others who are happy. Research shows that optimism and happiness are good for you and make you more successful. ***Jonathan Haidt, Ph.D., associate professor of psychology at the University of Virginia***

The Secret adopts the veneer of science to make itself sound legitimate, but it doesn't actually use any real science correctly. It's easy to throw out scientific terms and ideas and say that visualization reflects the natural law of the universe—which makes it sound as though *The Secret* is based in hard science, but actually, it would just give physicists a good laugh. That's particularly true of this "law of attraction" that says the energies you send out draw the same kinds of energies back to you. In science and physics, it's opposites that attract. So if the laws of science were relevant here, you'd have to say that if you think positively, negative things will happen to you. ***Benjamin Radford, managing editor of* Skeptical Inquirer, *"The Magazine for Science and Reason"***

This is modern packaging for positive psychology. When you are receptive to experiences and seeing things in a positive light, you open yourself up to all kinds of opportunities. I teach people to be optimistic, focus on the good instead of the bad and be grateful for things that happen to them. But if you put your goals down on a piece of paper, they don't automatically come to be. Writing down what you want helps you focus on it. Knowing where you are going helps you get there. But a cosmic force isn't going to make you reach your goals. ***Phyllis S. Zilkha, Ph.D., practicing psychologist in New York City***

By Katie Brophy

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IMPORTANT INFORMATION ABOUT NEXIUM

Please read this summary carefully and then ask your doctor about NEXIUM.

No advertisement can provide all the information needed to determine if a drug is right for you. This advertisement does not take the place of careful discussions with your doctor. Only your doctor has the training to weigh the risks and benefits of a prescription drug.

WHAT IS NEXIUM?

NEXIUM is a type of medicine called a proton pump inhibitor (PPI) and is used to treat acid reflux disease, also known as gastroesophageal reflux disease (GERD). GERD is a chronic condition that occurs when acid from the stomach backs up into the esophagus (food pipe) causing symptoms, such as heartburn, or changes to the lining of the esophagus. Common symptoms include frequent and persistent heartburn, a sour or bitter taste in the mouth, and difficulty swallowing.

For adults, NEXIUM is prescribed for the treatment of GERD symptoms. NEXIUM may also be prescribed to heal acid-related damage to the lining of the esophagus (known as erosive esophagitis), and to maintain this healing. Studies with NEXIUM did not go beyond 6 months.

For adolescents 12 to 17, NEXIUM is approved for the short-term treatment (up to 8 weeks) of GERD.

NEXIUM is available in two dosage strengths (20 mg and 40 mg). Only your doctor can prescribe the dose that's right for you.

HOW DOES NEXIUM WORK?

The lining of your stomach has millions of special cells. They make acid through "acid pumps." This acid is produced to help digest the food you eat. Sometimes the acid backs up into your esophagus, causing you to feel a burning sensation of heartburn. Over time, acid can wear away or erode the lining of the esophagus. This condition, called erosive esophagitis (or EE), is a more serious effect of acid reflux disease, and only a doctor can determine if you have this damage.

NEXIUM can turn off some of these acid pumps. This reduces the chance of heartburn and other acid reflux disease symptoms. For many people, one NEXIUM pill a day can relieve heartburn symptoms for 24 hours.

For patients with EE, NEXIUM heals most erosions in the esophagus within 4 to 8 weeks. Your results may vary.

WHO SHOULD NOT TAKE NEXIUM?

You should not take NEXIUM if you:

- have ever had an allergic reaction to the active ingredient, esomeprazole magnesium trihydrate
- have ever had an allergic reaction to any of the following inactive ingredients in NEXIUM (including the capsule shells): glyceryl monostearate 40-55, hydroxypropyl cellulose, hypromellose, magnesium stearate, methacrylic acid copolymer type C, polysorbate 80, sugar spheres, talc, triethyl citrate, gelatin, FD&C Blue #1, FD&C Red #40, D&C Red #28, titanium dioxide, shellac, ethyl alcohol, isopropyl alcohol, n-butyl alcohol, propylene glycol, sodium hydroxide, polyvinyl pyrrolidone, and D&C Yellow #10.
- are allergic to any PPI medication
- are younger than 12 years of age
- are pregnant, think you may be pregnant, or are planning to become pregnant
- are breast-feeding

HOW SHOULD I TAKE NEXIUM?

NEXIUM should be taken only when prescribed by a doctor. Follow his or her instructions about when and how to take NEXIUM. If you are unsure or have questions, ask your doctor.

One NEXIUM pill should be taken once per day, or as prescribed by your doctor. Take it at least 1 hour before a meal. Swallow the pill whole. If you have a hard time swallowing the pill, you can empty it into a tablespoon of applesauce. Be sure to eat it right away. Never chew or crush it. Never store it for later use.

WHAT SHOULD I TELL MY DOCTOR BEFORE TAKING NEXIUM?

Before taking your medication, tell your doctor if you:

- are taking any other medication, including any over-the-counter (OTC) medication
- have suffered any allergic reaction to any medication
- have or have had severe liver damage
- are pregnant, think you may be pregnant, or are planning to become pregnant
- are breast-feeding
- are taking a blood thinner (such as Coumadin® or warfarin)
- are taking a drug to treat or prevent fungal infections (such as ketoconazole)
- are taking a drug for HIV treatment called atazanavir

WHAT ARE THE POSSIBLE SIDE EFFECTS OF NEXIUM?

In adults, side effects with NEXIUM may include headache, diarrhea, and abdominal pain.

In adolescents 12-17, side effects with NEXIUM may include headache, diarrhea, abdominal pain, and nausea.

NEXIUM may cause other side effects besides those listed here. If you have any side effects or symptoms that you are concerned about, talk with your doctor.

Symptom relief with NEXIUM does not mean other serious stomach conditions do not exist.

HOW SHOULD I STORE NEXIUM?

NEXIUM should be stored at room temperature (25°C, 77°F). Keep your pills in the bottle they came in. Keep the pills away from children. If your doctor tells you to stop treatment, throw out the pills. Do not take your pills after the date of expiration on the bottle has passed.

WHERE CAN I GET MORE INFORMATION ABOUT NEXIUM?

Talk to your doctor about NEXIUM. You can obtain full prescribing information and other details by visiting **www.purplepill.com** or calling 1-800-236-9933.

GENERAL ADVICE

It is important to take NEXIUM as prescribed and to discuss any changes you experience while taking NEXIUM with your doctor. You should only use NEXIUM for a condition for which it has been prescribed. Do not give NEXIUM to other people, even if they have the same medical condition you have. Keep NEXIUM and all medicines out of the reach of children.

NOTE: This summary provides important information about NEXIUM. For more information, please ask your health care professional or doctor about the full prescribing information and discuss it with him or her.

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Visit **www.purplepill.com**. Or, call the Information Center at AstraZeneca toll-free at **1-800-236-9933.**

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Be Good To

Last year, when my mother-in-law was diagnosed with what proved to be terminal cancer, the tragedy was hers, but the stress of the situation was mine, too. Throughout the fall my husband, an only child, repeatedly traveled from California to Texas to be with her, visits that dragged out for weeks as she grew sicker. Each day he and I spoke for hours by phone, trying to craft a plan for her care, and for that of my father-in-law, who was physically healthy but suffering early-stage dementia. My professional workload was as demanding as ever, and without a spouse to help, domestic chores were endless—hours of driving our daughter to soccer practice and distant weekend tournaments, walking the dog, collecting the garbage, shopping, cleaning, cooking, paying bills. Adding to the pressure was that I needed to visit my own elderly mother, who lives 100 miles away, and take a long-delayed trip to the East Coast to visit an aunt who was childless, recently widowed and unwell.

By Carol Mithers

To accomplish it all, I needed extra time, and the logical way to make it was to cut out the "fat" in my schedule—that is, the few things I usually did just for myself. First to go was my morning workout, an hour of cardio and weight lifting; soon thereafter came my nightly reading once my daughter went to

YOURSELF



bed; if a friend called with a dinner invitation or just to chat, the response was always "I'm too busy." The choice felt both right and necessary, but the irony was that despite the hours I gained, I accomplished less and less. Work assignments dragged on while I stared dully at the computer screen. Dinners were late because I'd forget to buy necessary ingredients, then would have to dash out at the last minute. Even bill paying took forever because I constantly misplaced papers. Meanwhile, my temper grew shorter—I snapped at my daughter, resented the dog and responded impatiently to my husband's (well deserved) need for emotional support.

The truth is, I was fried—and as such, not so different from most women I know. We all live with our heads just above water, pulled in a dozen directions each day by the clamorous, competing demands of family, home and job. We manage to make it work, but a time always comes when some crisis destroys the delicate balance—an aging parent deteriorates or dies, a child or spouse falls ill, a layoff notice arrives . . . for the truly unlucky, several happen at once. Quickly, almost automatically, we step in to take charge, squeezing out time for our new responsibilities by giving up the small indulgences we normally grant ourselves. That's what responsible grown-ups do, we reason. But we invariably discover, as I did, that the strategy backfires, and for a simple reason: When you constantly give but don't receive, CONTINUED

you eventually find yourself empty. The central contradiction of crises is that the more we're stressed and the less time we have to nurture ourselves, the more essential it is that we do so.

TAPPED OUT

To nurture is to nourish and give; to self-nurture is to do the things that offer physical, emotional and spiritual nourishment to yourself. The specifics can be as different as individual women—self-nurture can be simple or elaborate, lengthy or brief, communal or solo. For one of my close friends it means going to a weekly yoga class, which she says leaves her calm and at home in her body. For another it's designing and redesigning her garden, reading about plants, drawing them, "going into a trance," she says, where the everyday world falls away and she revels in the sensual and creative delight of imagining combinations of color and texture. Self-nurture can focus on the body, spirit or intellect, or all three; it can mean getting a massage or shutting the door on the kids to work a crossword puzzle; it can be training for a marathon, meditating, knitting or writing poetry. In essence, though, all acts of self-nurture have one thing in common: They're only for us—they're not practical and they have no purpose but to give us pleasure.

FOR ONE WOMAN, DESIGNING HER GARDEN AND READING ABOUT PLANTS MAKE THE EVERYDAY WORLD FALL AWAY

That, unfortunately, is why when trouble hits we're so quick to give them up. "Women are genetically and socially programmed to take care of others," says Alice Domar, Ph.D., author of *Self-Nurture* and director of the Domar Center for Complementary Healthcare, in Waltham, Massachusetts. "We're always at the bottom of our own to-do lists." That's especially true in times of crisis, she adds, when "you're overwhelmed and operating on sheer instinct." When an elderly parent is dying and there are kids to comfort, relatives and friends to notify, a house to clean and funeral to plan, the urge to take an hour to do something like exercise feels embarrassingly frivolous, or worse, profoundly selfish. And besides, we worry, if we don't take care of business, who will?

It may be true that what we do to nurture ourselves is frivolous in a larger context—certainly my taking an hour to read would have done nothing to resolve the elder-care problem my husband and I faced. But the effect on us of performing these acts—even more, the effect of *not* doing them—is huge. For me, reading at night was always centering, a way to slow down. And without it I felt dull and exhausted, no matter how much sleep I got.

That's because acts of self-nurture offer a kind of rest for the soul, which brings a sense of renewal. "There's a huge difference between self-interest and selfishness," writes psychologist Dan Baker, Ph.D., in his new book, *What Happy Women Know*. Doing things only you can do for yourself matters greatly; all work and no play is a recipe for a stressed, miserable life. But they're absolutely crucial in tough times: They offer a respite from emotional pain, as well as a way to stay focused when "normal" life is upended. Most of all, at a time when we must draw most heavily on our inner resources, they keep us from being ground down by relentless pressure. I have a friend whose life is in an especially demanding balance. Her husband isn't well, so she's the family's sole breadwinner, as well as her children's designated chauffeur and homework helper. Time is always in short supply. But when her husband landed in the hospital recently, she never even considered giving up the dance classes she loves and has attended twice a week since she was single. "I consciously tell myself I must go," she says. "In fact, it's become clear to me that it's essential. My blood pressure went up, so I've been monitoring it, and I discovered that it's lowest after dance class. Being sick is a luxury I can't afford, because then I won't be able to take care of my family. Dancing is my medicine."

In contrast, cutting out what we need in a time of crisis "is like going out in the freezing cold without a proper coat," says Helene G. Brenner, Ph.D., author of *I Know I'm in There Somewhere* and a psychologist in Maryland. "You can survive for a while by muscling through, but after some CONTINUED

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SUZI

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the first lady of nails

is the co-owner and artistic director of OPI Products Inc. For her, summer means more time outdoors, less time dressing up, and a chance to just relax!

og onto **suzisbeautyblog.com** for all the latest from Suzi on beauty, fashion, travel, wellness, and more!

Psychedelic summer

make this your summer of love!

Whether or not you remember the original 1960s Summer of Love, we all know the trends – psychedelic art, freedom of expression, tie dye, love beads, flower power, and more. Here's a chance to enjoy your own Summer of Love with **Psychedelic Summer by OPI**, six Nail Lacquers that are the perfect complement to this season's free-spirited fashion trends – especially "cool" on summer toes. With hippie chic one of today's favorite looks, I can't wait to be one of the "groovy girls" of summer!

Contains no DBP, Toluene, or Formaldehyde

Nail Lacquers feature OPI's exclusive ProWide™ Brush



pretty for the party

his is party season – proms, weddings, graduations – and heer, pretty nails are the perfect accessory. **Garden Party oftShades by OPI** includes six Nail Lacquers in soft, sheer hades of pink, violet, white and beige – all feminine, flirty, and ust a bit sexy! I love how subtly sophisticated they are, and ow these shades are the ideal complement to whatever I'm earing. (Beauty hint: lighter, sheer shades are especially low naintenance!)



NAIL LACQUER – SHOWN
Funny Bunny, Hearts & Tarts, No Bees Please
I'll Take the Cake!, Just Tea-sing!, Mod Hatter

Contains no DBP, Toluene, or Formaldehyde. Nail Lacquers feature OPI's ex

coffee or tea, anyone?

If you're like me, that cup of coffee or tea each morning is a must! That's why I love indulging in **Manicure/Pedicure by OPI Coffee & Tea** scrubs and massage lotions. The two coffee products – Espresso Scrub and Cappuccino Massage – deliver soft, silky hands and feet with the added benefits of caffeine. Green Tea Scrub and White Tea Massage offer the antioxidant benefits of tea essences, while leaving hands and feet soft and smooth. Talk about your ultimate coffee break or tea time!



SUZI'S summer beauty bets

Drinking [illegible] of H2O; using sunscreen every day; having [illegible] toes; enjoying [illegible] laughing a lot!

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O·P·I

time, you freeze." This doesn't prevent us from coming through for our loved ones. But we start doing so by rote, even with impatience and irritation. "I couldn't even feel good spending time at home with my family because it felt like one more thing I had to do," said a friend whose life last year became a treadmill of dealing with work, the school crisis of a daughter and multihour commutes to visit and care for one, then another, ailing parent. "I was angry at everyone."

Emotional depletion also keeps us from handling crises as well as we could. "When you feel alive you come up with more creative solutions for the problems you face," says Dr. Brenner. "You're also more compassionate toward those you need to help when you're giving out from a flowing well rather than squeezing out the last drop." And burnout can hurt in real, physical ways. Studies have shown reduced immune function in stressed caregivers; one respected nine-year study of the health records of more than a half million married couples found that the onset of certain illnesses in one spouse increased the caregiver's risk of death by 25 percent.

Secrets to Sound Sleep



Sleeping is the easiest way to restore your energy and help your body heal. If you aren't getting all the shut-eye you need, pamper yourself with the right setup. For six tips to create your dream bed, go to **WWW.LHJ.COM/DREAMBED**

GIFTS FOR THE GIVER

Finding a way to self-nurture in the midst of crisis isn't easy, say Drs. Brenner and Domar, but it is possible. One option: carving out a bit of time for yourself by doing the unthinkable and actively asking those around you for help. "One of the biggest problems women have is that we don't ask for help or accept it even when it's offered," says Dr. Domar. "In times of trouble, say yes to every offer of help that's reasonable." That includes the kids—their pitching in or sacrificing some extracurricular activity that has you running in circles can help them feel more in control in tough times, because they are doing something to contribute.

If taking even a few hours off is out of the question, it may be a matter of compromise, opting for small, restorative moments that can be squeezed into the schedule. Dr. Domar recommends spending 10 minutes at night with a journal, "figuring out what will help you get through this time better, what your needs are and what you can do for yourself the next day. Even something short and very simple, like sitting down with a cup of tea in the afternoon, can help you regroup."

"Give yourself some compassion instead of pretending to be strong all the time," says Dr. Brenner, "then think about what's worked in the past to make you feel better—a walk, a soak in the tub, calling a friend. What brings out your strength? Give yourself that something, and really enjoy it." (That means actively choosing to take a walk, not guiltily sneaking away.)

The catch is that to find that time, and then take it, we need to believe we deserve it—and the bottom line, it seems to me, is that we must. Individual crises end, but new ones always arise, especially in aging America, where more and more of us must care for not only immediate but extended families. (According to the National Women's Health Information Center, this year up to 39 million U.S. households may be involved in caring for an elderly relative, with the vast majority of individual caregivers being women who have their own husbands and children and jobs.) Within weeks after my mother-in-law died, my mother fainted in an art museum and my aunt was hospitalized with pneumonia, and the pressure was on again. Postponing self-care until "life calms down" can mean a very long wait.

In the end, it's not selfish to do what allows us to continue giving to others. It's not selfish to treat ourselves with the same thoughtfulness we show those we love. *Selfish* is the last word I'd use for one woman I know who gives almost constantly—she's a mother of five, a loving wife, a teacher and mentor. She's also someone who's passionate about distance running, and no crisis, not the death of both parents or the illness of a coworker (which doubled her workload), has prevented her from getting in her miles. "My mother never took a vacation in her life, then she had a heart attack when I was in college," she says. "It made me realize that life is short. When I'm running every cell of my being is fully alive. Nothing could make me give it up."

That kind of guilt-free determination is a good guide. After all, says Dr. Domar, the point of caring "isn't to care only for others. It's to care for everyone—and that includes ourselves."

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the question isn't can this weight loss program change your life. but can you?

what is alli? alli is the only FDA approved over-the-counter weight loss product. it's a unique combination of a pill with a plan to help you lose weight in a healthy and gradual way. when you commit to a reduced calorie, low fat diet, alli can help you lose 50% more weight than with dieting alone. so instead of losing 10 pounds, you can lose 15.

how does it work? alli is safe and works in your digestive tract without affecting your brain or heart. it prevents the absorption of some of the fat in the foods you eat. if you eat too much fat, you may experience **treatment effects,** including loose or more frequent stools, an urgent need to go to the bathroom or gas with an oily discharge.

what's the plan? alli is there for you with an individualized online action plan. the plan provides guidance from health experts on how to adapt the alli program to your lifestyle.

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The Genius of Jeans

Hair Heaven

Stylish Sneakers

Where to Find It, page 198

BRING THE BEACH TO YOUR BATH

What could be better than an ocean breeze and soft sand under your toes? Having all of those delights in your bathroom, that's what! Transport yourself to the tropics with these beach-inspired body scrubs and moisturizers.

Sandy Scrubs

* **Bobbi Brown Beach Body Scrub** (bottom left), $35, exfoliates with orange peel and softens with shea butter. Better yet is its amazingly authentic Beach fragrance.
* **Crabtree & Evelyn India Hicks Island Living Spider Lily Body Polish**, $22, is a foaming scrub with avocado stone, sugarcane and hydrating glycerin.

Milky Moisturizers

* **Calgon Turquoise Seas Body Lotion**, $4.65, with vitamin E and aloe, imparts the scent of jasmine for a true dose of the outdoors.
* **Ile De Tahiti Inu Body Lotion in Coconut Vanille** (right), $14, soothes sun-parched skin with tamanu nut (from the Tahitian tamanu tree), coconut and gardenia blossoms.



ASK THE BEAUTY DIRECTOR

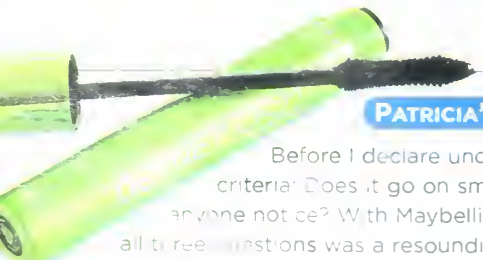
Q Can a cream really get rid of the spider veins on my legs? I just hate the way they look!

A Spider veins are the red or blue blood vessels that appear on the uppermost layer of the skin, tarnishing the smooth look of legs. I have them, too, and since genetics is a common cause and spider veins can worsen with hormonal changes such as pregnancy, I'd like to thank my mother and my twins! While nothing matches lasers and sclerotherapy (in which a solution is injected into the lining of the blood vessel) in reducing spider veins, skin-care companies are continuing to launch some innovative options.



Beauty Director Patricia Reynoso

Users recently tested Avon's Anew Clinical Spider Vein Therapy, SPF 15, $28, and reported a reduction in capillary color after one week and up to a 50 percent reduction in the appearance of spider veins with continued use. Another option: Vita-K Solution for Spider Veins, $11.99, with vitamins K and C. I'm surely going to give both a try!



PATRICIA'S PICK Your Longest Lashes Yet

Before I declare undying love for a new mascara, it has to meet the following criteria: Does it go on smoothly, make my lashes look longer and, most important, will anyone notice? With Maybelline New York's Define-A-Lash Mascara, $7.95, the answer to all three questions was a resounding yes—even makeup artists asked me what mascara I was wearing. The secret is in the lightweight, flexible, wireless brush that coats every lash without any clumps. Oh, yes, and the bright green tube is a fun and funky addition to my makeup bag.

LHJ.com Patricia can help you solve your beauty problems! E-mail her at askthebeautydirector@meredith.com

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e're looking for people to write children's books

By Patricia Pfitsch

f you've ever dreamed of writing for publication, this may be your best chance to turn that dream into a reality. If you qualify and show nise, we'll teach you—the same way s taught—how to break into one of most rewarding of all markets for writers.

he $3 billion children's market

continued success of publications oung people has led to a growing for new writers to help create the illion worth of children's books ished each year, plus stories and les for more than 600 magazines.

"But am I good enough?"

dream of writing professionally e raising three kids on a farm was bogged down in the same kind of rtainty you may have experienced. hen, an ad for the Institute seemed ffer the writing and selling skills I led. I passed its test and entered a richly rewarding relationship with uthor-instructor, which was a major ng point in my life—as I hope it be in yours.

The at-home training that has nched more successful children's authors than any other

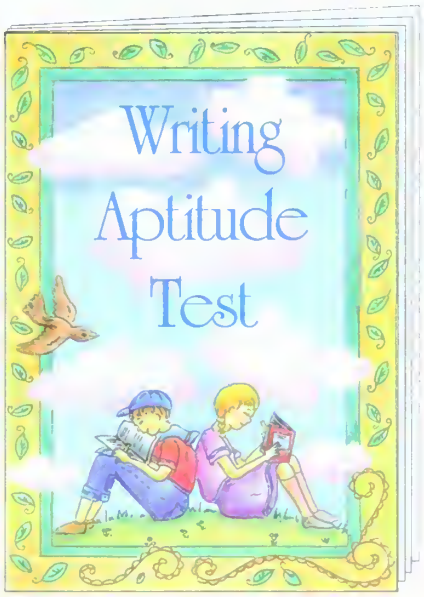
Institute of Children's Literature has essfully trained more new writers to the needs of this market than any institution. Its unique program ed my dream into reality, and I me one of more than 11,000 tute graduates who have published dren's stories, articles, and books, ding prestigious award winners. I'm using my skills at the Institute ain promising new writers.

The promise that paid off

Institute made exactly the same nise to me that it will make to you if demonstrate basic writing aptitude: *ou will complete at least one manscript suitable to submit to editors the time you finish the course.* ith skill, empathy, and tough love n needed, my Institute instructor ed me complete and sell three of rourse assignments, which, I later owered, was not unusual.

ow, as a nationally published or of 7 children's books and over

ia Pfitsch, a graduate of our course, has published 552 stories and articles, plus 7 books, ding 3 award-winning novels and an Edgar nee. She is also an instructor at the Institute.



Our test and expert evaluation are free

500 stories and articles, I enjoy helping aspiring writers—as *I* was helped—to change their dreams into bright reality.

A nationally published author or editor is your one-on-one writing and selling coach

If you are accepted, you will be assigned a personal instructor who is a successful author or experienced editor—and who becomes your energizing spark plug and deeply committed writing and selling coach. We all work the same way.

When you've finished an assignment at *your* pace, you send it to me. I edit it line-by-line and send you a detailed letter explaining my edits.

I point out your strengths, help eliminate weaknesses, and even show you how to turn bits of your everyday life into saleable writing. You push and I pull, and between us both, you learn how to write—and how to sell what you write.

We are the living proof

Among my fellow instructors, 30 are graduates of the Institute—all nationally published authors. One is a former bank teller, another came from nursing, and several were busy raising children. The wide range of backgrounds they represent is typical of Institute students.

What they shared in common was a dream and the willingness to take the first step toward realizing it. While there's no guarantee that every student will have the same success, we're showered with letters like these.

"Little did I suspect I was about to be offered a new lease on life," writes Maribel de Suarez, Vega Baja, PR. "While still a student, I sold Assignment 5 and another piece for $1,750 and bought a computer. When I turned 80, I sold a collection of 15 stories and another book. . . . It was a dream come true. . . ."

"A whole new world"

"My first two published pieces were Institute assignments," says Michelle Barone, Denver, CO. "You have opened up a whole new world for me."

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No-Excuses Sun Protection

Once you know about this summer's crop of breakthrough sunscreens, saying "oops, I got burned again" won't cut it anymore

EXCUSE #1:

"I just look better with a tan."

SOLUTION: Remember that tanned skin is unhealthy. Today's self-tanners let you control just how "tan" you want to get.

OUR PICK: Aveeno Continuous Radiance Moisturizing Lotion All Skin Tones, $14.99, features a self-tanner in one chamber and a body lotion in the other. Turning the dial to one of the five settings delivers a custom serving of each.



EXCUSE #2:

"It's too messy to reapply sunscreen when you're sandy and sticky at the beach."



SOLUTION: Sand clings to skin that's too wet so help keep yours drier with new matte sunscreen formulas.

OUR PICK: Banana Boat Sport Dri-Blok SPF 30 Lotion, $7.99, goes on like a lotion but dries with a powder finish that sand has a tough time sticking to.

Where to Find It, page 198

EXCUSE #3:

"Wearing sunscreen makes me sweat and feel hotter."

SOLUTION: What if your sunscreen actually cooled you off? Works for us!

OUR PICK: Neutrogena Fresh Cooling Gel Sunblock SPF 45, $9.99, refreshes skin with its menthol-infused formula.



EXCUSE #4:

"It's a pain to lug around a bottle of sunscreen everywhere I go!"

SOLUTION: Stash single-use sunscreens in your purse or beach bag. Each packet delivers the perfect amount of sunscreen, so you'll never have to worry about whether you're putting on too much or too little.

OUR PICK: iS Suncare PerfecTint SPF 20 Moisturizing Sunscreen Packets, $45 for 20 packets, has been shown to reduce some of the effects of sunburn.

—Patricia Reynoso



WIN IT!

Be one of 10 lucky readers to win all four of these innovative goodies. See page 198 for entry details.

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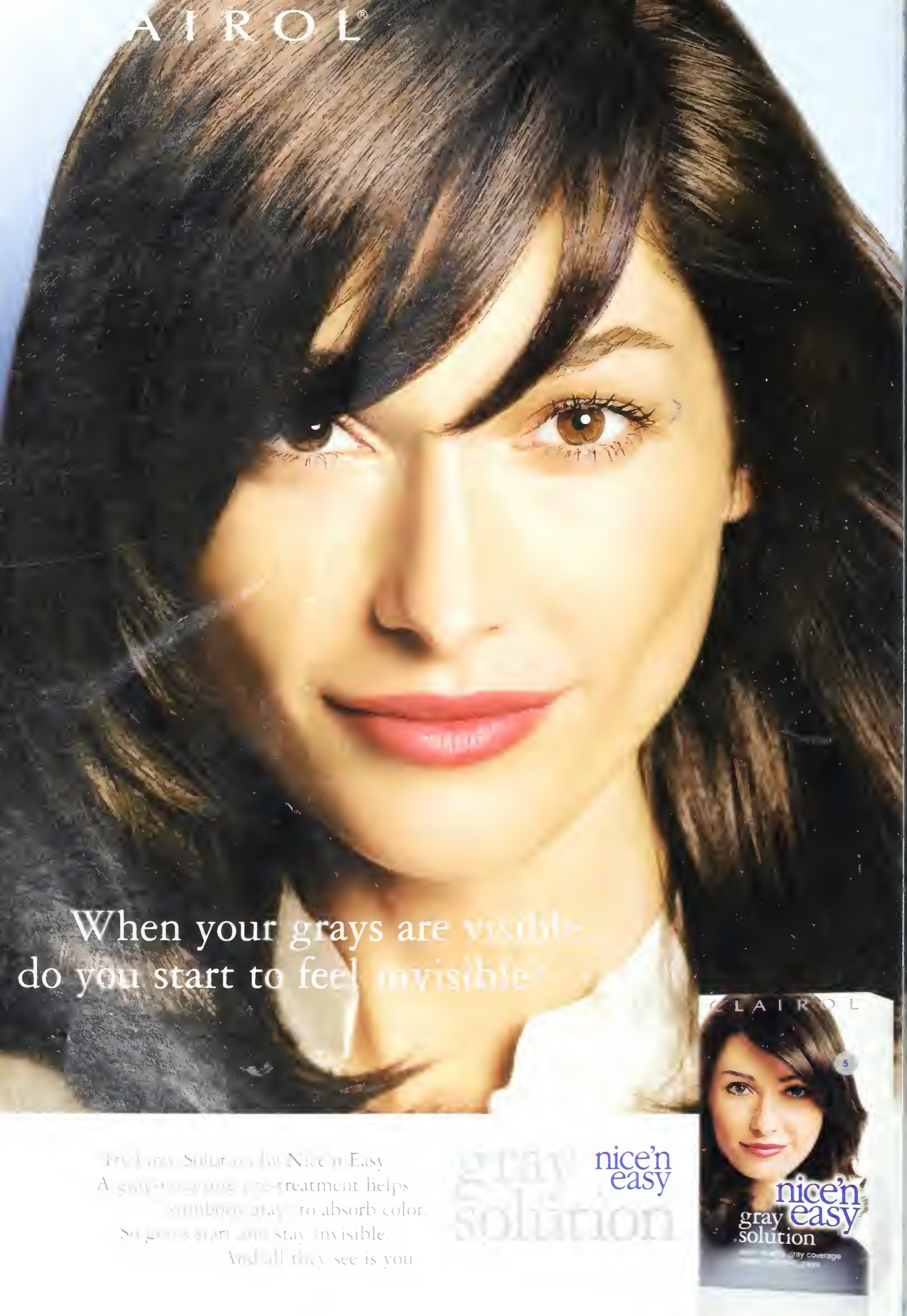
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5
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gray solution

eal solutions about real gray problems from a real expert

Meet salon colorist Marcy Cona – Clairol's in-house Creative Director of Color and Style. Marcy has owned a salon for 20 years and spent a lot of that time coloring away grays for her clients. Here she gets your gray questions covered...



'ay Q&A

don't just have grays... I have tough strubborn resistant
s! I feel like my gray problem is more serious than most.
I right?

ctually, you have a lot of company. Lots of women have
mely resistant gray. Typically, the coarser the gray, the
er it is to color. That's why you often see those "pop up"
s appearing around the temple area. The key to lasting gray
rage is to ensure that each gray absorbs the maximum amount of color.

don't just hate the way I look when my gray is showing. I honestly feel
ally does a number on my confidence.

's all about control... if you feel like you're in control of your grays, you'll feel better all around.
've a client who—when her color is finished and her grays are gone—sings "Ta-da!" to herself in
nirror. I can actually see the relief on her face and a new spring in her step as she sails out the door!
's a great feeling for both of us!

ve tried everything, and nothing seems to work on my gray. I'm
very skeptical that anything will do what it says it will.

hear you! But hear this – Gray Solution is all about covering extremely resistant gray hair.
ne salon, we evaluate and pre-treat gray that's hard to cover. And thanks to a unique gray-targeting
reatment, Gray Solution is designed to do the same thing for you at home. Even the palette – from
larkest brunette to the lightest blonde – is designed with
zing gray coverage in mind. I think you'll definitely notice
; difference.



What kind of response has there been from Gray Solution?

t's been really, really positive – with women calling in from
ver the country reporting amazing results, incredible
rage and undying loyalty.



STRESS-FREE SUMMER HAIR

WHETHER YOUR HAIR IS CURLY, WAVY OR STRAIGHT, WE'LL SHOW YOU STRATEGIES TO OUTSMART THE HEAT, HUMIDITY AND SUN

PHOTOGRAPHED BY HUGH ARNOLD STYLED BY BY CARLA ENGLER WRITTEN BY ERICA METZ



HOW DO I MAKE MY CURLY HAIR STAY STRAIGHT?

...that going against your natural hair ...summer is a tall order. According to Lesley ... Pantene senior scientist, humidity breaks up ...hair ...s (building blocks inside the hair ...carefully created during styling, ...its natural state.

...er; give curly hair a head start ...g or straightening shampoo ...edtime and allowing hair to dry ...orning apply a heat-protecting mist ...small sections with a flatiron. ...Iron-In Control Protective Dry Mist, $15.95, which helps distribute heat more evenl... with real gold and protects the hair with ceramide... and sugar crystals. Afterward, smooth anti-frizz cream... such as Dove Advanced Care Sheer Moisture Therap... Anti-Frizz Finishing Cream, $5.99, throughout the hai... to prevent it from curling up again.

HOW DO I MAKE MY STRAIGHT HAIR CURLY?

If you have naturally straight hair, wind small, dam... sections of hair (as though you are twisting them int... buns) and secure with bobby pins before bed. The nex... morning, simply remove the pins, undo your newly wav... pieces with your fingers and set with hair spray.

LHJ.com

How often should you wash your h... depends on... tresses. Before you lather up, go to www.LHJ.com/...



SUMMER SURVIVAL TACTICS

STRAIGHT HAIR

"Straight hair reacts to extra humidity by going flat and limp," notes Mark Townsend, the Matrix hairstylist who made Reese Witherspoon's bangs look oh-so-glam at this year's Golden Globes. The secret to creating volume, specifically lift and body at the root, is using the right amount of product in the right place and in the right order. For instance, offset that flat-as-a-pancake look by applying conditioner to the ends of the hair while you're still in the shower (avoiding the roots completely) and then topping the whole head with shampoo. End with a complete rinse, suggests Mark Garrison, a New York City salon owner. "It's the best way to wash fine hair without over-conditioning it," he says. Or try a shampoo and conditioner in one, such as Garnier Fructis Body & Volume 2-in-1 System, $3.99.

As for styling, the goal is to add as little extra weight to your hair as possible, says Tippi Shorter, Pantene celebrity stylist. Avoid pomades or creams, instead, try mousse, which builds body throughout the hair. Apply it directly onto a vent brush and brush it evenly through the hair. Try THE Pantene Thermal Creations Volumizing Mousse, $3.99, which helps in volume when used with a blow-dryer. For height just at the roots, use a root-lifting spray, such as Nexxus Root Exxtend, $13; its nozzle targets the product directly where it's needed. Follow with a blow-dryer or set large Velcro rollers around the crown for 10 minutes. Make your hair more voluminous than you normally wear it since it will deflate a bit as the day goes on.

STYLE SHORTCUT BONUS: Too hot to break out the blow-dryer? Give stick-straight hair a boost by loosely winding a section of damp hair at the top of the crown and securing it with a clip. The roots will retain some of the volume after they've dried.

SUMMER SURVIVAL TACTICS

CURLY HAIR

Heat and humidity enhance curls but they can also make them very unruly. "Humidity separates the cuticle—the outer layer—from the rest of the hair shaft," says Brenda Berry, owner of Brilli Salon in Chicago. This lifts the tiny hairs along the cuticle, creating frizz. Seal the cuticle with silicone-based products found in curly-hair shampoos, conditioners and serums. Try Infusium23 Frizz(ologie) Shampoo and Conditioner, $5.99 each, with silicone and moisturizing panthenol. Curling creams and gels deliver frizz-free curls, and your ideal formula will depend on your curl pattern. For loose curls, rake a curl cream through wet hair and let it dry. Try Aveda Be Curly Curl Enhancer Lotion, $17.50, with brazil nut and wheat proteins. For kinky curls, end with a leave-in conditioner. "Once hair is dry, mix a frizz-control serum with a lightweight gel and apply to every strand," Shorter advises. Try Pantene Restoratives Frizz Control Extra-Strength Serum, $4.99, and L'Oréal Paris Studio Line Absent Minded Liqui-Gel, $4.99.

"Summer is the time to give hair a break from blow-outs," says Garrison. Instead, apply a treatment leave-in cream, such as Sebastian Original Potion 9 Wearable Treatment, $16.50, with jojoba and olive oils, and twist hair into a bun.

STYLE SHORTCUT BONUS: Coat curls with a leave-in conditioner and push them back with a headband until they dry. "Headbands double as styling tools," notes Townsend. When you remove the headband, the front portion will be smooth and the back will have pretty, soft curls.



SUMMER SURVIVAL TACTICS

WAVY HAIR

Good news for naturally wavy hair types—summer is your hair's best season. "Humidity actually strengthens the wave pattern and adds the right amount of volume, making waves even prettier," says Berry. Of course, there are a few caveats. Wavy hair can get frizzy and flyaway and has a tendency to swell, notes Shorter. Since over-styling wavy hair can actually disrupt the natural wave, the focus shouldn't be on styling technique but rather on selecting the right products to help keep hair conditioned and preserve its loose, carefree texture.

First, use a lightweight conditioning spray or cream that adds just enough moisture so that your waves are soft instead of crunchy. Try Aussie Catch the Wave Taming Milk, $2.99, which creates gentle waves and conditions, too. Follow up with a texturizing product to encourage a piecey look, such as Pantene Texturize! Moussing Foam, $6.49. "Make sure you apply the product all over," advises Shorter. "If you overlook large chunks of hair in the application you will notice it later." Also keep in mind that those lustrous waves you see on the red carpet have been created with the help of a curling iron. To make your waves even more defined, start halfway down the length of the hair and wind small sections around a curling iron.

STYLE SHORTCUT BONUS: Want to preserve this ideal texture? Then stay away from hairbrushes! Instead, using a wide-toothed comb, detangle your hair in the shower while conditioner is still in, then rinse. Afterward, gently blot the hair with a towel, spray with a light conditioning spray and just let it be.

HOW DO I MAKE MY NATURALLY STRAIGHT HAIR WAVY?
It can be just a matter for straight hair to hold a wave as it is for curly hair to stay sleek in the summer. Shorter recommends braiding or twisting damp hair and letting it air dry for a kick of texture. Also, try this expert trick: Spray damp hair with a salt spray (the salt holds the cuticle open as the hair dries, creating texture along the hair shaft) and revel in your waves. Try Bumble and bumble Surf Spray, $20, a classic texturizing spray with fine salt particles and [illegible] seaweed extract.

SUMMER HAIR SOS

THESE BREAKTHROUGH PRODUCTS SOLVE YOUR MOST COMMON SUMMER HAIR COMPLAINTS



THE COMPLAINT: Frizz
THE CULPRIT: Humidity affects every hair texture.
TRY: (1) Sexy Straight Climate Shield Hairspray, $32, a waterproof formula with polymers and resins similar to those found in conditioners; (2) Redken Frizz Dismiss Anti-Frizz Shimmy Stik, $16, which has a patented complex that protects curls from humidity.

THE COMPLAINT: Greasiness
THE CULPRIT: Excess perspiration during hot months causes limp, slick roots.
TRY: (3) Charles Worthington Rebalance Shampoo, $5.99, to restore hair's natural pH levels.

THE COMPLAINT: Worn, frayed ends
THE CULPRIT: The sun, pool, sea and chemical processes dry the cuticle. Curls can seem less defined and more set in the summer.
TRY: (4) Elim Label Studio F., £9.95, which soothes with allantoin, kiwi and mint extracts.

THE COMPLAINT: Dry hair
THE CULPRIT: Chlorine strips the protective layer.
TRY: (5) Color Vibrancy Shampoo, $11.50, a wash that cleans the cuticle, contains antioxidants and absorbs sebum to prevent dehydration; Bio Age Bonding Extreme Hair Repair Treatment, $15.95, an intensive pack that restores.

THE COMPLAINT: Dull color
THE CULPRIT: UV exposure fades color. Chemical treatments can cause damage.
TRY: (6) Frizz Dismiss Intelligent Oil Day Defense, $18.50, a lightweight mix of silicones and antioxidants that coats hair's cuticle; (7) Elim Label Studio Protective Formula Hair Serum, £9.95, which contains UV filters.

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Sneak PEEK

THESE FUN AND FLIRTY SNEAKERS WORK AS HARD AS THEY PLAY

WRITTEN AND STYLED BY SUE ERNETA



1 These sunny yellow surfer slip-ons from Vans, $40, have a whimsical palm tree motif on the rubber outsoles. Even if you're not beach-bound, these casual kicks are great for everyday summer fun.

2 High-end designer Michael Kors lends his luxe sensibility to modern lace-up sneakers, $79, fashioned in soft perforated suede.

3 Inspired by running shoes of the past, designers made this Adidas style, $83.95, look totally new in white with gold stripes and neon-citron lining. The quick on/off Velcro closure combines ease with zip.

4 Though this style has been carried by PF Flyers for more than 50 years, the brand is making a comeback with new fabrics, such as this gold crackled-leather version, $60.

5 Slip into woven canvas sneakers from Payless Airwalk, $22.99, in cream, chocolate brown and sky blue. The intentionally frayed style will just get better with age.

6 The ultimate low-tech sneaker, the Converse All-Star, $46.99, has been updated in a raw-edged, no-lace style with hidden elastic. This fun take on the classic is available in myriad colors and fabrics.

CONTINUED

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new dove pro·age

dove pro·age. beauty has no age limit

new dove pro·age



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1 The no-mark, nonskid outsoles on these Sebago sneakers, $65, make them perfect for boaters, but relaxed styling and slip-on ease also let landlubbers in on the fun.

2 If your life has you running in circles, why not try sneakers with track-inspired soles like these Pumas, $85? Silver adds flash while the stretch fabric brings stability and comfort.

3 We love the look of these easy canvas slip-ons, $36, but TOMS shoes make us feel good, too. For every pair sold, another pair goes to a child somewhere in need.

4 These ballet slipper–inspired shoes in red canvas and white perforated leather from Lacoste, $88, are smart enough to wear with a summer dress.

5 Dark-blue denim and white leather combine for an unexpected take on casual sneakers from Merrell, $75. Velcro closures Mary Jane styling adds a feminine touch.

6 Shine on in this silver crackled-paint version of the classic Vans slip-on, $65. There are more than 100 versions at *www.vans.com*, and if you can't find a favorite, you can design your own.

LHJ.com Sore feet? Get tips on your shoe fit at www.lhj.com/shoes

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DENIM ON DECK



PHOTOGRAPHED BY HUGH ARNOLD WRITTEN AND STYLED BY CARLA ENGLER



Revel in a little jean therapy in a relaxed pair of dark denims and a playful orange top, hat and lace-free sneaks. You'll be so comfortable, you won't be able to help but enjoy yourself. Top, Lauren Hansen, $48. Boot-cut jeans, Levi Strauss Signature, $19.99. Hat, Patricia Underwood. Sneakers, Converse, $47.

BEAUTY BONUS: Ralph Lauren Ralph Rocks Shower Gel, $22.50, with kiwi, orange blossom and Australian sandalwood, will lightly fragrance your skin and keep you feeling fresh in the summer heat without the heaviness of a traditional perfume.



Above: This polished pantsuit will take you to work in easy style. The lightweight tailored denim blazer and wide-legged pant are perfect for more casual moments, and the sleeveless shell can be dressed up with pearl jewelry. Blazer, Banana Republic, $198; pants, Nations Colors; tank, W by W, $38. Sunglasses, Diesel, $200. Bracelet, Banana Republic, $48. Bracelet, DJ Orchard, $35. Flip flops, Havaianas, $14.

Right: A black denim skirt with [illegible] detail anchors this [illegible] look. [illegible] pairs it with [illegible] gold metallic [illegible] for $34 at [illegible] Riders by the Mile [illegible] $169. [illegible] Isaac Mizrahi [illegible] Bangles, Ann [illegible]



Cruise along in roomy cargo jeans, a snappy chartreuse tank and a classic dark-denim jean jacket or a relaxed short jumpsuit. Factor in fantastic flat sandals and these looks are ready for action. Left: Jacket, French Connection, $148. Tank, Chan Luu, $135. Cargo jeans, Patrick Robinson for Target, $[illegible]99. Sandals, Bernardo, $89. Right: Short jumpsuit, Odyn, $204. Tank, American Ea[illegible]50. H[illegible] J.Crew, $55. Cuff, [illegible] for Ben-Amun, $12[illegible]als, Matt Bernson, $143.

BEAUTY BONU[illegible]
This summer's ne[illegible] nail shade is a fun shimmery wh[illegible] which looks perfect with m[illegible]andals. To get the lo[illegible] Fit for a Queensland, $7.50.

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Set sail on the big blue in this stylish, chic summer combination of jeans and a tank top. These loose, drawstring-waist dark-denim trousers edged in off-white have a look of simple glamour. Wear with slip-on boat sneaks, a great tote and a stylish gold-tie-belted and blue-and-white scarf. Trouser jeans, $69.95, Next, $14.50, both each. Scarf, Marina Republic, $68. Sunglasses, MICHAEL Michael Kors, $80. Bag, Dooney & Bourke, $175. Boat sneaks, Vans, $40.



Denim has always been a favorite [illegible] put-together. A slimming [illegible] front straight skirt is paired with an elegant white tank top, fisherman's cap and flat silver strappy sandals for a sharp look that anyone can pull off. A band-collar pleat-hemmed jean jacket is a stylish addition to a short, full, flippy skirt in a pale-gray and white-circle print, a silver metallic tank and shiny silver sandals. Left: Skirt, Chico's, $68. Tank, Jockey, $10. Hat, Gap, $16.50. Bracelets, Roxanne Assoulin for Lee Angel, $138 for a set of three. Bag, Lambertson Truex. Sandals, Gianni Bini, $49. Right: Jacket, $79, tank, $59, both DKNY Jeans. Skirt, Gap, $59.50. Cuff, Josette at Supplements New York, $65. Sandals, Stuart Weitzman.



Enjoy the road less traveled in two different but equally "injeanious" denims. A fitted blazer, slim flat-front jeans and a punchy magenta tee let you show off your curves in an attractive, not-too-sexy way that's perfect for a day on the town. Great low-slung, lightweight denim trouser jeans and an effortless, shocking [illegible] Jeans, Lauren Jeans Co. [illegible] Jeans, $68. T-shirt, Rebecca [illegible] Bag, MICHAEL Michael Kors. Right: [illegible] Club, $44. Jeans, Lee Original True Fit Straight Leg, $42. Bag, MICHAEL Michael Kors, $98. Cuff, Catherine Rapetti.

ADVERTISEMENT

Restasis presents

Summer Beach Reads

A Closer Look at CHRONIC DRY EYE

Chronic Dry Eye (CDE), also known as keratoconjunctivitis sicca, is a medical condition that can result from the eyes' reduced ability to produce tears. About 3.2 million women in the U.S. have CDE; however, many more Americans, including men, may have it without realizing it.

Whether you suffer from CDE (daily symptoms) or dry eye (infrequent symptoms), your eyes need a constant layer of tears to keep them lubricated or moist, protected, and clean. Chronic Dry Eye can be caused by the inflammation of the tear producing gland of the eye, resulting in a declining quantity of tears. It may also be caused by hormonal changes associated with aging and menopause, medical conditions such as arthritis, lupus, and Sjörgens syndrome, and by some prescription and over-the-counter medications.

In CDE, underlying changes to the health of the tear-producing glands and their inability to produce the right amount of the *right* tears, results in a tear film that doesn't provide enough nourishment or protection to the surface of the eye. This can damage the eye surface, which, in turn, can lead to symptoms of CDE. If left untreated, CDE may weaken your vision and increase the risk of eye infections.

Answer these 4 SIMPLE QUESTIONS to help your doctor determine if you have CDE

- When did you notice your eyes were producing fewer tears?

  _____

- How would you describe the way your eyes feel?

  _____

- How often do you use artificial tears? _____ times per day

- Has your use of artificial tears increased over time? Yes ☐ No ☐



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Filled with six captivating novels, a bookmark, sunscreen and water bottle, it's the perfect companion for your next trip to the beach.*

Summer is the perfect time to sit back, relax and enjoy a good book. Whether it's a love story or a gripping thriller, do you find yourself wanting to tell everyone your thoughts? If you answer, "yes", you may want to start or join a book club.

HOW TO START A BOOK CLUB

- Recruit friends and family who share a passion for reading.
- If you have a large group, consider meeting at a library, coffeehouse or community center.
- Establish guidelines at your first meeting. Set a regular time and place for discussions.
- Identify genres or authors that interest your group.
- Select one person to lead the discussion. Use thought-provoking questions to initiate conversation.
  - What specific theme was the author trying to convey throughout the book?
  - Can you relate to any of the characters? If so, how?
  - What did you find surprising as you were reading?



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– Anne Rivers Siddons



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– David Henry Hwang, playwright, *'M Butterfly'*



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FOR ADDITIONAL SUMMER READS, VISIT WWW.HBGUSA.COM

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'our eyes are naturally protected by a layer of tears.

f you have to use eye
'ops several times a day,
sk your eye doctor
bout RESTASIS®.

You may have Chronic Dry Eye due to decreased tear production caused by inflammation. It's a medical condition where your eyes don't make enough tears. Artificial tears and other over-the-counter drops simply can't increase tear production.

Your eye doctor can tell you. Ask your doctor about RESTASIS® Ophthalmic Emulsion. It's the only eye drop that actually helps your eyes increase tear production with continued use.

Only an eye doctor can determine whether you have this type of Chronic Dry Eye. That's why you should make an appointment to ask your eye doctor if RESTASIS® Ophthalmic Emulsion is right for you.

RESTASIS®: one drop, twice a day, with continued use can help you make more of your own tears

Your own tears.
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Restasis®
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Increases tear production with continued use

STASIS® Ophthalmic Emulsion helps increase your eyes' natural ability to produce tears, which may be reduced by inflammation e to Chronic Dry Eye. RESTASIS® did not increase tear production in patients using topical steroid drops or tear duct plugs.

portant Safety Information:
STASIS® Ophthalmic Emulsion should not be used by patients with active eye infections and has not been studied in patients with istory of herpes viral infections of the eye. The most common side effect is a temporary burning sensation. Other side effects lude eye redness, discharge, watery eyes, eye pain, foreign body sensation, itching, stinging, and blurred vision.

ALLERGAN

ase see next page for important safety information.

Restasis®
(Cyclosporine Ophthalmic Emulsion) 0.05%

Sterile, Preservative-Free

INDICATIONS AND USAGE
RESTASIS® Ophthalmic Emulsion is indicated to increase tear production in patients whose tear production is presumed to be suppressed due to ocular inflammation associated with keratoconjunctivitis sicca. Increased tear production was not seen in patients currently taking topical anti-inflammatory drugs or using punctal plugs.

CONTRAINDICATIONS
RESTASIS® is contraindicated in patients with active ocular infections and in patients with known or suspected hypersensitivity to any of the ingredients in the formulation.

WARNING
RESTASIS® Ophthalmic Emulsion has not been studied in patients with a history of herpes keratitis.

PRECAUTIONS
General: For ophthalmic use only.

Information for Patients:
The emulsion from one individual single-use vial is to be used immediately after opening for administration to one or both eyes, and the remaining contents should be discarded immediately after administration. Do not allow the tip of the vial to touch the eye or any surface, as this may contaminate the emulsion. RESTASIS® should not be administered while wearing contact lenses. Patients with decreased tear production typically should not wear contact lenses. If contact lenses are worn, they should be removed prior to the administration of the emulsion. Lenses may be reinserted 15 minutes following administration of RESTASIS® Ophthalmic Emulsion.

Carcinogenesis, Mutagenesis, and Impairment of Fertility:
Systemic carcinogenicity studies were carried out in male and female mice and rats. In the 78-week oral (diet) mouse study, at doses of 1, 4, and 16 mg/kg/day, evidence of a statistically significant trend was found for lymphocytic lymphomas in females, and the incidence of hepatocellular carcinomas in mid-dose males significantly exceeded the control value.

In the 24 month oral (diet) rat study, conducted at 0.5, 2, and 8 mg/kg/day, pancreatic islet cell adenomas significantly exceeded the control rate in the low dose level. The hepatocellular carcinomas and pancreatic islet cell adenomas were not dose related. The low doses in mice and rats are approximately 1000 and 500 times greater, respectively, than the daily human dose of one drop (28 µL) of 0.05% RESTASIS® BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed.

Cyclosporine has not been found mutagenic/genotoxic in the Ames Test, the V79-HGPRT Test, the micronucleus test in mice and Chinese hamsters, the chromosome-aberration tests in Chinese hamster bone marrow, the mouse dominant lethal assay, and the DNA-repair test in sperm from treated mice. A study analyzing sister chromatid exchange (SCE) induction by cyclosporine using human lymphocytes *in vitro* gave indication of a positive effect (i.e., induction of SCE).

No impairment of fertility was demonstrated in studies in male and female rats receiving oral doses of cyclosporine up to 15 mg/kg/day (approximately 15,000 times the human daily dose of 0.001 mg/kg/day) for 9 weeks (male) and 2 weeks (female) prior to mating.

Pregnancy-Teratogenic Effects:
Pregnancy category C

Teratogenic Effects: No evidence of teratogenicity was observed in rats or rabbits receiving oral doses of cyclosporine up to 300 mg/kg/day during organogenesis. These doses in rats and rabbits are approximately 300,000 times greater than the daily human dose of one drop (28 µL) 0.05% RESTASIS® BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed.

Non-Teratogenic Effects: Adverse effects were seen in reproduction studies in rats and rabbits only at dose levels toxic to dams. At toxic doses (rats at 30 mg/kg/day and rabbits at 100 mg/kg/day), cyclosporine oral solution, USP, was embryo- and fetotoxic as indicated by increased pre- and postnatal mortality and reduced fetal weight together with related skeletal retardations. These doses are 30,000 and 100,000 times greater, respectively, than the daily human dose of one-drop (28 µL) of 0.05% RESTASIS® BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed. No evidence of embryofetal toxicity was observed in rats or rabbits receiving cyclosporine at oral doses up to 17 mg/kg/day or 30 mg/kg/day, respectively, during organogenesis. These doses in rats and rabbits are approximately 17,000 and 30,000 times greater, respectively, than the daily human dose.

Offspring of rats receiving a 45 mg/kg/day oral dose of cyclosporine from Day 15 of pregnancy until Day 21 post partum, a maternally toxic level, exhibited an increase in postnatal mortality; this dose is 45,000 times greater than the daily human topical dose, 0.001 mg/kg/day, assuming that the entire dose is absorbed. No adverse events were observed at oral doses up to 15 mg/kg/day (15,000 times greater than the daily human dose).

There are no adequate and well-controlled studies of RESTASIS® in pregnant women. RESTASIS® should be administered to a pregnant woman only if clearly needed.

Nursing Mothers:
Cyclosporine is known to be excreted in human milk following systemic administration but excretion in human milk after topical treatment has not been investigated. Although blood concentrations are undetectable after topical administration of RESTASIS® Ophthalmic Emulsion, caution should be exercised when RESTASIS® is administered to a nursing woman.

Pediatric Use:
The safety and efficacy of RESTASIS® Ophthalmic Emulsion have not been established in pediatric patients below the age of 16.

Geriatric Use:
No overall difference in safety or effectiveness has been observed between elderly and younger patients.

ADVERSE REACTIONS
The most common adverse event following the use of RESTASIS® was ocular burning (17%). Other events reported in 1% to 5% of patients included conjunctival hyperemia, discharge, epiphora, eye pain, foreign body sensation, pruritus, stinging, and visual disturbance (most often blurring).

Rx Only Based on package insert 71271US15P revised February 2004

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can this marriage be saved?

by CYNTHIA HANSON

"He Never Comes Through For Me"



Her turn: "I can't rely on Tom for anything," said Sara, 36, a director of career planning at a college in southeastern Virginia, where she lives with her husband of nine years. "Whether it's cutting the lawn, booking a hotel or getting the cars inspected, he makes nothing but empty promises. And he rarely completes a project, even though he's extremely handy. Eight months ago he decided to reupholster the dining-room chairs; he's halfway done, and the fabric and staple gun are still sitting on the table. Whenever I complain about his poor follow-through, Tom, a high school math teacher, says I'm making a mountain out of a molehill and offers his usual lame excuses: 'I ran out of time' or 'I got too tired.' With the chairs, Tom claims that he didn't want to disturb the paperwork I'd been doing on the table. Yes, I had some files there, but the chairs are separate from the table! He could have moved them into the kitchen. The problem is now reaching a crisis point because we're in the process of adopting a baby girl from Russia, whom we're going to name Rebecca. We decided a few years ago to adopt rather than have a biological child. I had no urge to be pregnant and Tom didn't feel compelled to pass on his genes. We'd rather give a good home to a child who otherwise wouldn't have one. But I've begun to question how good a home that will be. I'm not sure I can count on Tom to be a responsible father. My disappointment in him has made me withdraw. At the end of the day, he wants to talk and watch TV together, but I'd rather go upstairs and read. I've also lost interest in sex, mostly because he's gained 25 pounds and I no longer find him attractive. Besides, he ofte falls asleep in front of the TV and comes t bed at 3 A.M.—hardly a time for romance. So as the adoption day draws near, I've becom increasingly anxious about our future.

"I grew up in a small town, the elder chil of an accountant and a librarian. From th





time I was young I felt pressure to excel in everything, because Mom derived so much satisfaction from my successes. She'd gush and beam if I made the cheerleading squad or first-chair flute in the school orchestra. I was in junior high when she said, 'I'm glad you're popular; I don't know what I'd do if you weren't,' and that statement guided me until college. I did whatever I could to please Mom, including sticking with the flute even though I wanted to quit at 16. Overall, though, my childhood was comfortable. Mom and Dad were teen sweethearts who never argued; they just celebrated their 40th wedding anniversary.

"After college I taught history at a high school in rural Appalachia. It turned out that I liked advising students more than I liked teaching, so I decided to go to graduate school to become a guidance counselor. Tom was a fellow student. I spotted him in the dining hall and was drawn to his boyish good looks. A few weeks later he struck up a conversation at the salad bar. We had so much in common: We'd both taught in rural schools, sang in our church choirs and enjoyed biking. I also liked his shy, unassuming demeanor. But after a month of eating together and talking on the phone Tom hadn't asked me on a real date. Finally I teasingly asked him, 'Are you going to invite me to the holiday dance, or do I have to invite you?' Blushing, he promptly asked me to be his date.

"Slow dancing together a few weeks later, Tom looked into my eyes and said, 'I don't want to ever let go.' We both agree that we fell in love that night. Tom had everything I wanted in a husband: intelligence, sensitivity and, seemingly, a strong work ethic—he was putting himself through graduate school with scholarships and a part-time job at a bookstore. We got married after he'd completed his master's degree; I still had a year to go. While I finished my thesis, he substitute taught and worked in a bookstore. Newlywed life was hectic but mostly happy. It wasn't until my final semester that Tom's passive side surfaced. We'd agreed to move to his home town, so I figured he'd use his connections to pave the way. But Tom just waited for job leads to come through the university's career development office, and there weren't many. I was worried about money. Late one night, as I wrote cover letters and he watched reruns on cable, I told him how disappointed I was. 'You're not the man I thought you were,' I said. 'It looks like I'll have to take care of you.' I felt guilty the moment I said it, but he just shot me a dirty look and changed the channel.

"After I found a job I asked my new boss if she knew of any openings for math teachers. She reviewed Tom's résumé and helped him land six interviews. Ultimately, Tom found a position at a top public high school, where he still works.

"I soon discovered Tom wasn't an equal partner on the home front, either. We supposedly divide the chores, and Tom is in charge of the lawn, house repairs, taking out the trash and car maintenance. But he either waits until the last minute—the kitchen trash can overflows before he dumps it in the garbage bin outside—or won't do the chores unless I nag. A few times, when our front lawn looked like a jungle, I came home from work to find a neighbor cutting it! I was unbelievably humiliated, but Tom just shrugged and told me I was overreacting.

CONTINUED

can this marriage be saved?

"Last month, before I left for a three-week business trip, I asked Tom to pay the bills, do laundry and keep the house neat. He assured me that he would. Unfortunately, I came home to find unpaid bills strewn across the kitchen counter, dirty laundry on the bedroom floor and filthy dishes in the sink. But worst of all, he hadn't mailed the adoption paperwork, which I'd asked him to do. I had finalized everything before I left; we were waiting only for a copy of my birth certificate, which was to be delivered by FedEx. All he had to do was clip it to the rest of the paperwork and mail the envelope. Easy, right? I asked him about this every time I phoned home, and he told me the birth certificate hadn't arrived. When I got back, there was the FedEx package sitting on the counter, unopened! I just lost it. 'I can't believe you didn't do anything,' I said, tears welling in my eyes. 'I'm angry, hurt and disappointed. If I can't trust you to mail some documents, how can I trust you to feed our baby or pack a diaper bag?' Tom claimed he was afraid of messing up the forms and wanted us to finish them together. He also said he was too exhausted to care for the house.

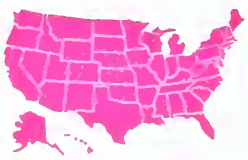
"Well, I'm exhausted, too—mentally and physically—from having to do everything. I hate nagging him and I feel overwhelmed and alone. I still love my husband, but I'm terrified that I'll never be able to count on him, and I don't have the energy to take care of two children—Rebecca *and* Tom."

His turn: "I'm glad my wife admitted she's a nag—at least she can't accuse me of calling her one," said Tom, 38. "Sara acts like an annoying mother, always nudging me to do this and that, and then calling me a 'slob' or 'couch potato.' It's true that I don't finish my chores as quickly as she does. I don't share her sense of urgency, but I get everything done, eventually.

"Unfortunately, that's not good enough for Sara. She expects me to follow her timetable. So what if all the dining-room chairs aren't reupholstered yet? We only entertain in there twice a year. So what if the lawn gets a bit overgrown? If our neighbor thinks the height of our grass is an eyesore and wants to cut it, that's fine by me. The fact that I'm not fazed by that stuff only upsets Sara more. Sara is a neat freak, but household disarray doesn't bother me. I can't understand why she gets so worked up over petty things.

"Sara portrays me as the bad guy, but that's her perspective. She's right that I didn't pursue my job hunt as aggressively as she would have liked, but I had enough connections to find a good job. I wasn't worried that I'd end up unemployed. I had no idea how upset she was until she went on a tirade about how I'd disappointed her and how she'd have to take care of me.

Could *Your* Marriage Use Saving?



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"As for mailing the adoption forms, I wa leery of making a mistake because the paper work was so complicated. Besides, after sh left for her trip, I realized it was something wanted us to do together. But she's furiou at me and has been giving me the cold shoulder ever since. Well, she's not the only one who's miserable and anxious about ou future. I'm excited about becoming a father but our recent spate of arguments is makin me wonder what kind of mother Sara wi be. Is she going to nag our daughter the wa she nags me? Will she scream at her an give her the silent treatment?

"I had a decent childhood. Dad was telephone repairman; Mom stayed home t raise my older sisters and me. I was very attached to my mom, who had a loving and generous nature. She never missed my school plays or soccer games, and she alway had an encouraging word about my perfor mance. Dad worked hard to provide for us but he offered little praise or emotional sup port. He was bossy and controlling, which put a wedge between us. When Sara order me around, she reminds me of my dad—and the image stirs up a lot of anger.

"I was instantly attracted to Sara: With he radiant smile, intense green eyes and wavy auburn hair, she was the most beautiful woman I'd ever seen. But I'm shy, so it took me a month to work up the courage to introduce myself. I still remember our magical first date: We were already close from our dinner conversations, and as I held Sara in my arms on the dance floor I knew I'd marry her. We talked freely CONTINUED ON PAGE 6

I thought it was depression.

Turns out depression was only half the problem.



There were times when I was sad and hopeless—I couldn't enjoy the things I used to—often for weeks or months at a time. But there were other times when it wasn't that way. There was another side.

There were times when I was "up"—way up. I was also extremely irritable. My thoughts were racing a mile a minute. I talked so fast, no one could get a word in edgewise. I didn't know what was wrong. Fortunately, my doctor did . . .



I had bipolar disorder.

Bipolar disorder consists of extreme mood swings—episodes of downs (depression) and ups (mania). And although there is no cure for bipolar disorder, effective treatments are available.

My doctor prescribed SEROQUEL. He said SEROQUEL is the only medication approved to treat the depressive episodes and the acute manic episodes in bipolar disorder.

Important Safety Information About SEROQUEL: This is not a complete summary of safety information. Please discuss the full Prescribing Information with your health care provider.

Elderly patients with dementia-related psychosis (having lost touch with reality due to confusion and memory loss) treated with this type of medicine are at an increased risk of death, compared to placebo (sugar pill). SEROQUEL is not approved for treating these patients.

Antidepressants have increased the risk of suicidal thoughts and actions in children and teenagers. All patients starting treatment should be watched closely for worsening of depression, suicidal thoughts or actions, unusual changes in behavior, agitation, and irritability. Families and caregivers should watch patients daily and report these symptoms immediately to the physician. SEROQUEL is not approved for patients under the age of 18 years.

A rare, but potentially fatal side effect reported with SEROQU and medicines like it, is neuroleptic malignant syndrome (NMS). Tell your doctor if you have very high fever; rigid muscles; shaking; confusion; sweating; changes in pulse, heart rate, or blood pressure; or muscle pain and weaknes because treatment should be stopped if you have NMS.

Another serious side effect reported with SEROQUEL and medicines like it is tardive dyskinesia (TD)—uncontrollab movements of the face, tongue, or other parts of the body TD may become permanent, and the risk of TD is believed increase as the length of time on and the amount of these medications increase. While TD can develop in patients taking low doses for short periods, this is much less common. There is no known treatment for TD, but it may g away partially or completely if treatment is stopped.

High blood sugar and diabetes have been reported with SEROQUEL and medicines like it. If you have diabetes or risl factors such as obesity or a family history of diabetes, ask your doctor about checking your blood sugar before start g

EROQUEL has helped me feel better.

nce taking SEROQUEL for my bipolar depression, I've seen an improvement
my overall quality of life and satisfaction with my everyday activities and
lationships with my friends and family.

sk your doctor about SEROQUEL.

ou can go to SEROQUEL.com to take a Mood Questionnaire to review with
ur doctor. It can be a good first step in recognizing possible symptoms of
polar disorder. No questionnaire can take the place of a thorough evaluation by
ealth care professional. Only your doctor can diagnose bipolar disorder and
commend appropriate treatment for you.

or more information call 1-888-58-BIPOLAR (1-888-582-4765)
r visit SEROQUEL.com

ou are without prescription coverage and can't afford your medication, AstraZeneca may be able to help

ROQUEL and throughout treatment. If you develop symptoms
high blood sugar or diabetes, such as excessive thirst or
nger, increased urination, or weakness, contact your doctor.
mplications from diabetes can be serious and even
e threatening.

eye exam for cataracts is recommended at the beginning of
atment and every 6 months thereafter. Tell your doctor if you
ve a history of or are at risk for seizures. Since drowsiness has been
orted with SEROQUEL, you should not participate in activities
ch as driving or operating machinery until you know that you
n do so safely. Avoid drinking alcohol while taking SEROQUEL
cause SEROQUEL increases the effects of alcohol. Avoid
coming overheated or dehydrated while taking SEROQUEL.

e most common side effects are dry mouth, drowsiness,
dation, dizziness, weakness, constipation, abdominal pain,
dden drop in blood pressure when standing, sore throat, weight
in, abnormal liver tests, upset stomach, and sluggishness.

ease see Brief Summary including Boxed Warnings on adjacent pages.

Seroquel®
quetiapine fumarate

AstraZeneca

Please read this summary carefully and then ask your doctor about SEROQUEL. No advertisement can provide all the information needed to determine if a drug is right for you.
This advertisement does not take the place of careful discussions with your doctor. Only your doctor has the training to weigh the risks and benefits of a prescription drug.

SEROQUEL® (quetiapine fumarate) Tablets

BRIEF SUMMARY *of* Prescribing Information—*Before prescribing, please consult complete* Prescribing Information.

Increased Mortality in Elderly Patients with Dementia-Related Psychosis

Elderly patients with dementia-related psychosis treated with atypical antipsychotic drugs are at an increased risk of death compared to placebo. Analyses of seventeen placebo-controlled trials (modal duration of 10 weeks) in these patients revealed a risk of death in the drug-treated patients *of* between 1.6 to 1.7 times that seen in placebo-treated patients. Over the course of a typical 10 week controlled trial, the rate of death in drug-treated patients was about 4.5%, compared to a rate of about 2.6% in the placebo group. Although the causes of death were varied, most of the deaths appeared to be either cardiovascular (eg, heart failure, sudden death) or infectious (eg, pneumonia) in nature. SEROQUEL (quetiapine) is not approved for the treatment of patients with Dementia-Related Psychosis.

Suicidality in Children and Adolescents — Antidepressants increased the risk of suicidal thinking and behavior (suicidality) in short-term studies in children and adolescents with major depressive disorder (MDD) and other psychiatric disorders. Anyone considering the use of SEROQUEL or any other antidepressant in a child or adolescent must balance this risk with the clinical need. Patients who are started on therapy should be observed closely for clinical worsening, suicidality, or unusual changes in behavior. Families and caregivers should be advised of the need for close observation and communication with the prescriber. SEROQUEL is not approved for use in pediatric patients. [See WARNINGS and PRECAUTIONS, Pediatric Use].

Pooled analyses of short term (4 to 16 weeks) placebo controlled trials of 9 antidepressant drugs (SSRIs and others) in children and adolescents with major depressive disorder (MDD), obsessive compulsive disorder (OCD), or other psychiatric disorders (a total of 24 trials involving over 4400 patients) have revealed a greater risk of adverse events representing suicidal thinking or behavior (suicidality) during the first few months of treatment in those receiving antidepressants. The average risk of such events in patients receiving antidepressants was 4%, twice the placebo risk of 2%. No suicides occurred in these trials. [See WARNINGS and PRECAUTIONS].

INDICATIONS AND USAGE

Bipolar Disorder - SEROQUEL is indicated for the treatment of both

- depressive episodes associated with bipolar disorder
- acute manic episodes associated with bipolar I disorder as either monotherapy or adjunct therapy to lithium or divalproex

Depression - The efficacy of SEROQUEL was established in two identical 8-week randomized, placebo-controlled double-blind clinical studies that included either bipolar or II patients. Effectiveness has not been systematically evaluated in clinical trials for more than 8 weeks.

Mania - The efficacy of SEROQUEL in acute bipolar mania was established in two 12-week monotherapy trials and one 3-week adjunct therapy trial of bipolar I patients initially hospitalized for up to 7 days for acute mania. Effectiveness has not been systematically evaluated in clinical trials for more than 12 weeks in monotherapy 3 weeks in adjunct therapy. The physician who elects to use SEROQUEL for extended periods in bipolar disorder should periodically re-evaluate the long-term risks and benefits of the drug for the individual patient.

Schizophrenia - SEROQUEL is indicated for the treatment of schizophrenia. The efficacy of SEROQUEL in schizophrenia was established in short-term (6-week controlled trials of schizophrenic inpatients. The effectiveness of SEROQUEL in long-term use, that is, for more than 6 weeks, has not been systematically evaluated in controlled trials. Therefore, the physician who elects to use SEROQUEL for extended periods should periodically re-evaluate the long-term usefulness of the drug for the individual patient.

CONTRAINDICATIONS

SEROQUEL is contraindicated in individuals with a known hypersensitivity to this medication or any of its ingredients.

WARNINGS

Increased Mortality in Elderly Patients with Dementia-Related Psychosis

Elderly patients with dementia-related psychosis treated with atypical antipsychotic drugs are at an increased risk of death compared to placebo. SEROQUEL (quetiapine) is not approved for the treatment of patients with dementia-related psychosis (see Boxed Warning). Clinical Worsening and Suicide Risk - Patients with major depressive disorder (MDD), both adult and pediatric, may experience worsening of their depression and/or the emergence of suicidal ideation and behavior (suicidality) or unusual changes in behavior, whether or not they are taking antidepressant medications, and this risk may persist until significant remission occurs. There has been a long-standing concern that antidepressants may have a role in inducing worsening of depression and the emergence of suicidality in certain patients. Antidepressants increased the risk of suicidal thinking and behavior (suicidality) in short-term studies in children and adolescents with major depressive disorder (MDD) and other psychiatric disorders. Pooled analyses of short term placebo controlled trials of 9 antidepressant drugs (SSRIs and others) in children and adolescents with MDD, OCD, or other psychiatric disorders (a total of 24 trials involving over 4400 patients) have revealed a greater risk of adverse events representing suicidal behavior or ideation/suicidality during the first few months of treatment in those receiving antidepressants. The average risk of such events in patients receiving antidepressants was 4% twice the placebo risk of 2%. There was considerable variation in risk among drugs, but a tendency toward an increase for almost all drugs studied. The risk of suicidality was most consistently observed in the MDD trials, but there were signals of risk arising from some trials in other psychiatric indications (obsessive compulsive disorder and social anxiety disorder) as well. *No suicides occurred in any of these trials*. It is unknown whether the suicidality risk in pediatric patients extends to longer term use, i.e., beyond several months. It is also unknown whether the suicidality risk extends to adults. *All pediatric patients being treated with antidepressants for any indication should be observed closely for clinical worsening, suicidality, and unusual changes in behavior, especially during the initial few months of a course of drug therapy, or at times of dose changes, either increases or decreases. Such observation would generally include at least weekly face-to-face contact with patients or their family members or caregivers during the first 4 weeks of treatment, then every other week visits for the next 4 weeks, then at 12 weeks, and as clinically indicated beyond 12 weeks. Additional contact by telephone may be appropriate between face-to-face visits. Adults with MDD or co-morbid depression in the setting of other psychiatric illness being treated with antidepressants should be observed similarly for clinical worsening and suicidality, especially during the initial few months of a course of drug therapy, or at times of dose changes, either increases or decreases.* The following symptoms: anxiety, agitation, panic attacks, insomnia, irritability, hostility, aggressiveness, impulsivity, akathisia (psychomotor restlessness), hypomania, and mania, have been reported in adult and pediatric patients being treated with antidepressants for major depressive disorder as well as for other indications, both psychiatric and nonpsychiatric. Although a causal link between the emergence of such symptoms and either the worsening of depression and/or the emergence of suicidal impulses has not been established, there is concern that such symptoms may represent precursors to emerging suicidality. Consideration should be given to changing the therapeutic regimen, including possibly discontinuing the medication, in patients whose depression is persistently worse, or who are experiencing emergent suicidality or symptoms that might be precursors to worsening depression or suicidality, especially if these symptoms are severe, abrupt in onset, or were not part of the patient's presenting symptoms. If the decision has been made to discontinue treatment, medication should be tapered, as rapidly as is feasible, but with recognition that abrupt discontinuation can be associated with certain symptoms. *Families and caregivers of pediatric patients being treated with antidepressants for major depressive disorder or other indications, both psychiatric and nonpsychiatric, should be alerted about the need to monitor patients for the emergence of agitation, irritability, unusual changes in behavior, and the other symptoms described above, as well as the emergence of suicidality, and to report such symptoms immediately to healthcare providers. Such monitoring should include daily observation by families and caregivers.* Prescriptions for SEROQUEL should be written for the smallest quantity of tablets consistent with good patient management in order to reduce the risk of overdose. Families and caregivers of adult patients being treated for depression should be similarly advised. It should be noted that SEROQUEL is not approved for use in treating anxiety disorders or in the pediatric population. ***Neuroleptic Malignant Syndrome (NMS)*** - A potentially fatal symptom complex sometimes referred to as Neuroleptic Malignant Syndrome (NMS) has been reported in association with administration of antipsychotic drugs, including SEROQUEL. Clinical manifestations of NMS are hyperpyrexia, muscle rigidity, altered mental status, and evidence of autonomic instability (irregular pulse or blood pressure, tachycardia, diaphoresis and cardiac dysrhythmia). Additional signs may include elevated creatine phosphokinase, myoglobinuria (rhabdomyolysis), and acute renal failure. The diagnostic evaluation of patients with this syndrome is complicated. In arriving at a diagnosis, it is important to exclude cases where the clinical presentation includes both serious medical illness (e.g., pneumonia, systemic infection, etc.) and untreated or inadequately treated extrapyramidal signs and symptoms (EPS). Other important considerations in the differential diagnosis include central anticholinergic toxicity, heat stroke, drug fever and primary central nervous system (CNS) pathology. The management of NMS should include: 1) immediate discontinuation of antipsychotic drugs and other drugs not essential to concurrent therapy; 2) intensive symptomatic treatment and medical monitoring; and 3) treatment of any concomitant serious medical problems for which specific treatments are available. There is no consensus about specific pharmacological treatment regimens for NMS. If a patient requires antipsychotic drug therapy after recovery from NMS, reintroduction of drug therapy should be carefully considered. The patient should be monitored closely, as recurrences of NMS have been reported. ***Tardive Dyskinesia (TD)*** - A syndrome of potentially irreversible, involuntary, dyskinetic movements may develop in patients treated with antipsychotic drugs. Although the prevalence of the syndrome is unknown, it is more common among elderly persons, particularly elderly women. It is impossible to rely upon prevalence estimates to predict at the inception of antipsychotic treatment which patients are likely to develop the syndrome. Whether antipsychotic drug products differ in their potential to cause tardive dyskinesia, the risk of developing tardive dyskinesia, and the likelihood that it will become irreversible are unknown. The risk appears to increase with the duration of treatment and the total cumulative dose of antipsychotic drugs administered to the patient. However, the syndrome can develop, although much less commonly, after relatively brief treatment periods at low doses. There is no known treatment for established cases of tardive dyskinesia, although the syndrome may remit, partially or completely, if antipsychotic treatment is withdrawn. Antipsychotic treatment itself may suppress or partially suppress the signs and symptoms of the syndrome and may thereby mask the underlying process. The effect that symptomatic suppression has upon the long-term course of the syndrome is unknown. Given these considerations, SEROQUEL should be prescribed in a manner that is most likely to minimize the occurrence of dyskinesia. Chronic antipsychotic treatment should generally be reserved for patients who suffer from a chronic illness that is known to respond to antipsychotic drugs and for whom alternative, equally effective, but potentially less harmful treatments are not available or appropriate. In patients who do require chronic treatment, the smallest dose and the shortest duration of treatment producing a satisfactory clinical response should be sought. The need for continued treatment should be reassessed periodically. If signs and symptoms appear in a patient on SEROQUEL, drug discontinuation should be considered. However, some patients may require treatment with SEROQUEL despite the presence of the syndrome. ***Hyperglycemia and Diabetes Mellitus*** - Rare cases of severe hyperglycemia, in some cases extreme and associated with ketoacidosis or hyperosmolar coma or death, have been reported in patients treated with atypical antipsychotics, including SEROQUEL. Assessment of the relationship between atypical antipsychotic use and glucose abnormalities is complicated by the mellitus in the general population. Given these confounders, the relationship between atypical antipsychotic use and hyperglycemia-related adverse events is not completely understood. However, epidemiological studies suggest an increased risk of treatment-emergent hyperglycemia-related adverse events in patients treated with the atypical antipsychotics. Precise risk estimates for hyperglycemia-related adverse events in patients treated with atypical antipsychotics are not available. Patients with an established diagnosis of diabetes mellitus who are started on atypical antipsychotics should be monitored regularly for worsening of glucose control. Patients with risk factors for diabetes mellitus (eg, obesity, family history of diabetes) who are starting treatment with atypical antipsychotics should undergo fasting blood glucose testing at the beginning of treatment and periodically during treatment. Any patient treated with atypical antipsychotics should be monitored for symptoms of hyperglycemia including polydipsia, polyuria, polyphagia, and weakness. Patients who develop symptoms of hyperglycemia during treatment with atypical antipsychotics should undergo fasting blood glucose testing. In some cases, hyperglycemia has resolved when the atypical antipsychotic was discontinued; however, some patients required continuation of anti-diabetic treatment despite discontinuation of the suspect drug.

PRECAUTIONS. ***General: Orthostatic Hypotension:*** SEROQUEL may induce orthostatic hypotension associated with dizziness, tachycardia and, in some patients, syncope especially during the initial dose-titration period, probably reflecting its α_1-adrenergic antagonist properties. Syncope was reported in 1% (28/3265) of the patients treated with SEROQUEL, compared with 0.2% (2/954) on placebo, and in about 0.4% (2/527) on active control drugs. SEROQUEL should be used with particular caution in patients with known cardiovascular disease (history of myocardial infarction or ischemic heart disease, heart failure or conduction abnormalities), cerebrovascular disease or conditions which would predispose patients to hypotension (dehydration, hypovolemia and treatment with antihypertensive medications). The risk of orthostatic hypotension and syncope may be minimized by limiting the initial dose to 25 mg bid. If hypotension occurs during titration to the target dose, a return to the previous dose in the titration schedule is appropriate. ***Cataracts: The development of cataracts was observed in association with quetiapine treatment in chronic dog studies (see Animal Toxicology). Lenticular changes have also been observed in patients during long-term SEROQUEL treatment, but a causal relationship to SEROQUEL has not been established. Nevertheless, the possibility of lenticular changes cannot be excluded at this time. Therefore, examination of the lens by methods adequate to detect cataract formation, such as slit lamp exam or other appropriately sensitive methods, is recommended at initiation of treatment or shortly thereafter, and at 6 month intervals during chronic treatment. Seizures:*** In clinical trials, seizures occurred in 0.5% (20/3490) of patients treated with SEROQUEL compared to 0.2% (2/954) on placebo and 1% (4/527) on active control drugs. As with other antipsychotics SEROQUEL should be used cautiously in patients with a history of seizures or with conditions that potentially lower the seizure threshold, eg, Alzheimer's dementia. Conditions that lower the seizure threshold may be more prevalent in a population of 65 years or older. ***Hypothyroidism:*** Clinical trials with SEROQUEL demonstrated a dose-related decrease in total and free thyroxine (T4) of approximately 20% at the higher end of the therapeutic dose range and was maximal within the first two to four weeks of treatment and maintained without adaptation or progression during more chronic therapy. Generally, these changes were of no clinical significance and TSH was unchanged in most patients and levels of TBG were unchanged. In nearly all cases, cessation of SEROQUEL treatment was associated with a reversal of the effects on total and free T4, irrespective of the duration of treatment. About 0.7% (26/3489) of SEROQUEL patients had experience TSH increases in monotherapy studies. Six of the patients had TSH increases needed replacement thyroid treatment. In the mania adjunct studies, where SEROQUEL was added to lithium or divalproate, 12% (24/196) of SEROQUEL treated patients compared to 7% (15/203) of placebo treated patients had elevated TSH. Three of the SEROQUEL treated patients with elevated TSH levels, 3 had simultaneous low free T4 levels. ***Cholesterol and Triglyceride Elevations:*** In schizophrenia trials, the proportions of patients with elevations to levels of cholesterol ≥240 mg/dL and triglycerides ≥200 mg/dL were 16% and 23%, for SEROQUEL treated patients respectively compared to 7% and 16% for placebo patients respectively. In depression trials, the proportion of patients with cholesterol and triglycerides elevations to these levels were 9% and 14% for SEROQUEL treated patients respectively, compared to 6% and 9% for placebo patients respectively. ***Hyperprolactinemia:*** Although an elevation in prolactin levels was not demonstrated in clinical trials with SEROQUEL, increased prolactin levels were observed in rat studies with this compound, and were associated with an increase in mammary gland neoplasia in rats (see ***Carcinogenesis***). Tissue culture experiments indicate that approximately one-third of human breast cancers are prolactin dependent *in vitro*, a factor of potential importance if the prescription of these drugs is contemplated in a patient with previously detected breast cancer. Although disturbances such as galactorrhea, amenorrhea, gynecomastia, and impotence have been reported with prolactin-elevating compounds, the clinical significance of elevated serum prolactin levels is unknown for most patients. Neither clinical studies nor epidemiologic studies conducted to date have shown an association between chronic administration of this class of drugs and tumorigenesis in humans, the available evidence is considered too limited to be conclusive at this time. ***Transaminase Elevations:*** Asymptomatic, transient and reversible elevations in serum transaminases (primarily ALT) have been reported. In schizophrenia trials, the proportions of patients with transaminase elevations of >3 times the upper limits of the normal reference range in a pool of 3- to 6-week placebo controlled trials were approximately 6% for SEROQUEL compared to 1% for placebo. In acute bipolar mania trials, the proportions of patients with transaminase elevations of > 3 times the upper limits of the normal reference range in a pool of 3- to 12-week placebo controlled trials were approximately 4% for both SEROQUEL and placebo. These hepatic enzyme elevations usually occurred within the first 3 weeks of drug treatment, and promptly returned to pre-study levels with ongoing treatment with SEROQUEL. In bipolar depression trials, the proportions of patients with transaminase elevations of >3 times the upper limits of the normal reference range in two 8-week placebo controlled trials were 2% for SEROQUEL and 2% for placebo. ***Potential for Cognitive and Motor Impairment:*** Somnolence was a commonly reported adverse event reported in patients treated with SEROQUEL especially during the 3-5 day period of initial dose titration. In schizophrenia, somnolence was reported in 18% of patients on SEROQUEL compared to 11% of placebo patients. In acute bipolar mania trials with SEROQUEL as monotherapy somnolence was reported in 16% of patients on SEROQUEL compared to 4% of placebo patients. In acute bipolar mania trials using SEROQUEL as adjunct therapy, somnolence was reported in 34% of patients on SEROQUEL compared to 9% of placebo patients. In bipolar depression trials, somnolence was reported in 28% of patients on SEROQUEL compared to 7% of placebo patients. In these trials, sedation was reported in 30% of patients on SEROQUEL compared to 8% of placebo patients. Since SEROQUEL has the potential to impair judgment, thinking, or motor skills, patients should be cautioned about performing activities requiring mental alertness, such as operating a motor vehicle (including automobiles) or operating hazardous machinery until they are reasonably certain that SEROQUEL therapy does not affect them adversely. ***Priapism:*** One case of priapism in a patient receiving SEROQUEL has been reported prior to market introduction. While a causal relationship to use of SEROQUEL has not been established, other drugs with alpha-adrenergic blocking effects have been reported to induce priapism, and it is possible that SEROQUEL may share this capacity. Severe priapism may require surgical intervention. ***Body Temperature Regulation:*** Although not reported with SEROQUEL, disruption of the body's ability to reduce core body temperature has been attributed to antipsychotic agents. Appropriate care is advised when prescribing SEROQUEL for patients who will be experiencing conditions which may contribute to an elevation in core body temperature, e.g., exercising strenuously, exposure to extreme heat, receiving concomitant medication with anticholinergic activity, or being subject to dehydration. ***Dysphagia:*** Esophageal dysmotility and aspiration have been associated with antipsychotic drug use. Aspiration pneumonia is a common cause of morbidity and mortality in elderly patients, in particular those with advanced Alzheimer's dementia. SEROQUEL and other antipsychotic drugs should be used cautiously in patients at risk for aspiration pneumonia. ***Suicide:*** The possibility of a suicide attempt is inherent in bipolar disorder and schizophrenia; close supervision of high risk patients should accompany drug therapy. Prescriptions for SEROQUEL should be written for the smallest quantity of tablets consistent with good patient management in order to reduce the risk of overdose. In 2 eight-week clinical studies in patients with bipolar depression (N=1048) the incidence of treatment-emergent suicidal ideation or suicide attempt was low and similar to placebo (SEROQUEL 300 mg, 6/350, 1.7%; SEROQUEL 600 mg, 9/348, 2.6%; Placebo 7/347, 2.0%). ***Use in Patients with Concomitant Illness:*** Clinical experience with SEROQUEL in patients with certain concomitant systemic illnesses is limited. SEROQUEL has not been evaluated or used to any appreciable extent in patients with a recent history of myocardial infarction or unstable heart disease. Patients with these diagnoses were excluded from pre-marketing clinical studies. Because of the risk of orthostatic hypotension with SEROQUEL, caution should be observed in cardiac patients. ***Orthostatic Hypotension/ Withdrawal:**** Acute withdrawal symptoms, such as nausea, vomiting and insomnia have very rarely been described after abrupt cessation of atypical antipsychotic drugs, including SEROQUEL. Gradual withdrawal is advised.

Information for Patients. Physicians are advised to discuss the following issues with patients for whom they prescribe SEROQUEL. ***Orthostatic Hypotension***. Patients should be advised of the risk of orthostatic hypotension, especially during the 3-5 day period of initial dose titration, and also at times of re-initiating treatment or increases in dose. ***Interference with Cognitive and Motor Performance:*** Since somnolence was a commonly reported adverse event associated with SEROQUEL treatment, patients should be advised of the risk of somnolence, especially during the 3-5 day period of initial dose titration. Patients should be cautioned about performing any activity requiring mental alertness, such as operating a motor vehicle (including automobiles) or operating hazardous machinery, until they are reasonably certain that SEROQUEL therapy does not affect them adversely. ***Pregnancy:*** Patients should be advised not to become pregnant or their physician if they become pregnant or intend to become pregnant during therapy. ***Nursing:*** Patients should be advised not to breastfeed if they are taking SEROQUEL. ***Concomitant Medication:*** As with other medications, patients should be advised to notify their physicians if they are taking, or plan to take any prescription or over-the-counter drugs. ***Alcohol:*** Patients should be advised avoid consuming alcoholic beverages while taking SEROQUEL. ***Heat Exposure and Dehydration:*** Patients should be advised appropriate care in avoiding overheating and dehydration. ***Laboratory Tests*** - No specific laboratory tests are recommended. ***Drug Interactions*** - The risks of using SEROQUEL in combination with other drugs have not been extensively evaluated in systematic studies. Given the primary CNS effects of SEROQUEL, caution should be used when it is taken in combination with other centrally acting drugs. SEROQUEL potentiated the cognitive and motor effects of alcohol in a clinical trial in subjects with selected psychotic disorders. Although alcoholic beverages should be avoided while taking SEROQUEL. Because of its potential for inducing hypotension, SEROQUEL may enhance the effects of certain antihypertensive agents. SEROQUEL may antagonize the effects of levodopa and dopamine agonists. ***Effect of Other Drugs on Quetiapine - Phenytoin:*** Coadministration of quetiapine (250 mg tid) and phenytoin (100 mg tid) decreased the mean oral clearance of quetiapine by 5-fold. Increased doses of SEROQUEL may be required to maintain control of symptoms of schizophrenia in patients receiving quetiapine and phenytoin or other hepatic enzyme inducers (e.g., carbamazepine, barbiturates, rifampin, glucocorticoids). Caution should be taken if phenytoin is withdrawn and replaced with a non-inducer (e.g., valproate), as dose reduction of SEROQUEL may be required. ***Divalproex:*** Coadministration of quetiapine (150 mg bid) and divalproex (500 mg bid) increased the mean maximum plasma concentration of quetiapine at steady state by 17% without affecting the extent of absorption or mean oral clearance. ***Thioridazine:*** Thioridazine (200 mg bid) increased the oral clearance of quetiapine (300 mg bid) by 65%. ***Cimetidine:*** Administration of multiple daily doses of cimetidine (400 mg tid for 4 days) resulted in a 20% decrease in the mean oral clearance of quetiapine (150 mg tid). Dosage adjustment for quetiapine is not required when it is given with cimetidine. ***P450 3A Inhibitors:*** Coadministration of ketoconazole (200 mg bid for 4 days), a potent inhibitor of cytochrome P450 3A, reduced oral clearance of quetiapine by 84% resulting in a 335% increase in maximum plasma concentration of quetiapine. Caution is indicated when SEROQUEL is administered with ketoconazole and other inhibitors of cytochrome P450 3A (e.g., itraconazole, fluconazole, and erythromycin). ***Fluoxetine, Imipramine, Haloperidol, and Risperidone:*** Coadministration of fluoxetine (60 mg once daily), imipramine (75 mg bid), haloperidol (7.5 mg bid), or risperidone (3 mg bid) with quetiapine 300 mg bid did not alter the steady-state pharmacokinetics of quetiapine. ***Effect of Quetiapine on Other Drugs:***

g bid dosing. ***Divalproex:*** The mean maximum concentration and extent of absorption of total and free valproic acid at steady e decreased by 10 to 12% when divalproex (500 mg bid) was administered with quetiapine (150 mg bid). The mean oral of total valproic acid (administered as divalproex 500 mg bid) was increased by 11% in the presence of quetiapine (150 mg changes were not significant. ***Lithium:*** Concomitant administration of quetiapine (250 mg tid) with lithium had no effect on steady-state pharmacokinetic parameters of lithium. ***Antipyrine:*** Administration of multiple daily doses up to 750 mg/day (on dule) of quetiapine to subjects with selected psychotic disorders had no clinically relevant effect on the clearance of antipyrine recovery of antipyrine metabolites. These results indicate that quetiapine does not significantly induce hepatic enzymes le for cytochrome P450 mediated metabolism of antipyrine. ***Carcinogenesis, Mutagenesis, Impairment of Fertility:*** enesis: Carcinogenicity studies were conducted in C57BL mice and Wistar rats. Quetiapine was administered in the diet to ses of 20, 75, 250, and 750 mg/kg and to rats by gavage at doses of 25, 75 and 250 mg/kg for two years. These doses are t to 0.1, 0.5, 1.5, and 4.5 times the maximum human dose (800 mg/day) on a mg/m² basis (mice) or 0.3, 0.9, and 3.0 times num human dose on a mg/m² basis (rats). There were statistically significant increases in thyroid gland follicular adenomas in at doses of 250 and 750 mg/kg or 1.5 and 4.5 times the maximum human dose on a mg/m² basis and in male rats at a dose g/kg or 3.0 times the maximum human dose on a mg/m² basis. Mammary gland adenocarcinomas were statistically signifi reased in female rats at all doses tested (25, 75, and 250 mg/kg or 0.3, 0.9, and 3.0 times the maximum recommended human g/m² basis). Thyroid follicular cell adenomas may have resulted from chronic stimulation of the thyroid gland by thyroid g hormone (TSH) resulting from enhanced metabolism and clearance of thyroxine by rodent liver. Changes in TSH, thyroxine, one clearance consistent with this mechanism were observed in subchronic toxicity studies in rat and mouse and in a 1-year udy in rat; however, the results of these studies were not definitive. The relevance of the increases in thyroid follicular cell s to human risk, through whatever mechanism, is unknown. Antipsychotic drugs have been shown to chronically elevate evels in rodents. Serum measurements in a 1-yr toxicity study showed that quetiapine increased median serum prolactin levels um of 32- and 13-fold in male and female rats, respectively. Increases in mammary neoplasms have been found in rodents nic administration of other antipsychotic drugs and are considered to be prolactin-mediated. The relevance of this increased of prolactin-mediated mammary gland tumors in rats to human risk is unknown (see ***Hyperprolactinemia*** in ***PRECAUTIONS, Mutagenesis***: The mutagenic potential of quetiapine was tested in six *in vitro* bacterial gene mutation assays and in an *in vitro* an gene mutation assay in Chinese Hamster Ovary cells. However, sufficiently high concentrations of quetiapine may not have d for all tester strains. Quetiapine did produce a reproducible increase in mutations in one *Salmonella typhimurium* tester strain sence of metabolic activation. No evidence of clastogenic potential was obtained in an *in vitro* chromosomal aberration assay d human lymphocytes or in the *in vivo* micronucleus assay in rats. ***Impairment of Fertility:*** Quetiapine decreased mating and male Sprague-Dawley rats at oral doses of 50 and 150 mg/kg or 0.6 and 1.8 times the maximum human dose on a mg/m² g related effects included increases in interval to mate and in the number of matings required for successful impregnation ects contributed to be observed at 150 mg/kg even after a two-week period without treatment. The no-effect dose for impaired d fertility in male rats was 25 mg/kg, or 0.3 times the maximum human dose on a mg/m² basis. Quetiapine adversely affected d fertility in female Sprague-Dawley rats at an oral dose of 50 mg/kg, or 0.6 times the maximum human dose on a mg/m² ug-related effects included decreases in matings and in matings resulting in pregnancy, and an increase in the interval to mate se in irregular estrus cycles was observed at doses of 10 and 50 mg/kg, or 0.1 and 0.6 times the maximum human dose on basis. The no-effect dose in female rats was 1 mg/kg, or 0.01 times the maximum human dose on a mg/m² basis. ***Pregnancy:*** ***y Category C:*** The teratogenic potential of quetiapine was studied in Wistar rats and Dutch Belted rabbits dosed during the organogenesis. No evidence of a teratogenic effect was detected in rats at doses of 25 to 200 mg/kg or 0.3 to 2.4 times the n human dose on a mg/m² basis or in rabbits at 25 to 100 mg/kg or 0.6 to 2.4 times the maximum human dose on a mg/m² here was, however, evidence of embryo/fetal toxicity. Delays in skeletal ossification were detected in rat fetuses at doses of 50 mg/kg (0.6 and 2.4 times the maximum human dose on a mg/m² basis) and in rabbits at 50 and 100 mg/kg (1.2 and 2.4 times mum human dose on a mg/m² basis). Fetal body weight was reduced in rat fetuses at 200 mg/kg and rabbit fetuses at g (2.4 times the maximum human dose on a mg/m² basis for both species). There was an increased incidence of a minor soft ormally (carpal/tarsal flexure) in rabbit fetuses at a dose of 100 mg/kg (2.4 times the maximum human dose on a mg/m² basis) of maternal toxicity (i.e., decreases in body weight gain and/or death) was observed at the high dose in the rat study and at all the rabbit study. In a pen/postnatal reproductive study in rats, no drug-related effects were observed at doses of 1, 10, and g or 0.01, 0.12, and 0.24 times the maximum human dose on a mg/m² basis. However in a preliminary pen/postnatal study, re increases in fetal and pup death, and decreases in mean litter weight at 150 mg/kg, or 3.0 times the maximum human dose g/m² basis. There are no adequate and well-controlled studies in pregnant women and quetiapine should be used during ly only if the potential benefit justifies the potential risk to the fetus. ***Labor and Delivery:*** The effect of SEROQUEL on labor and n humans is unknown. ***Nursing Mothers:*** SEROQUEL was excreted in milk of treated animals during lactation. It is not known UEL is excreted in human milk. It is recommended that women receiving SEROQUEL should not breast feed. ***Pediatric Use:*** y and effectiveness of SEROQUEL in pediatric patients have not been established. Anyone considering the use of SEROQUEL f or adolescent must balance the potential risks with the clinical need. ***Geriatric Use:*** Of the approximately 3700 patients tudies with SEROQUEL, 7% (232) were 65 years of age or over. In general, there was no indication of any different tolerability QUEL in the elderly compared to younger adults. Nevertheless, the presence of factors that might decrease pharmacokinetic e, increase the pharmacodynamic response to SEROQUEL, or cause poorer tolerance or orthostasis, should lead to consider- a lower starting dose, slower titration, and careful monitoring during the initial dosing period in the elderly. The mean plasma e of SEROQUEL was reduced by 30% to 50% in elderly patients when compared to younger patients

E REACTIONS. The information below is derived from a clinical trial database for SEROQUEL consisting of over 3700 patients approximately 3700 subjects, approximately 3400 (2300 in schizophrenia, 405 in acute bipolar mania, and 698 in bipolar on) were patients who participated in multiple dose effectiveness trials, and their experience corresponded to approximately tient-years. (Refer to the full Prescribing Information for details of adverse event data collection.) ***Adverse Findings Observed -Term, Controlled Trials: Adverse Events Associated with Discontinuation of Treatment in Short-Term, Placebo-Controlled ipolar Disorder: Depression:*** Overall, discontinuations due to adverse events were 12.3% for SEROQUEL 300 mg vs. 19.0%)QUEL 600 mg and 5.2% for placebo. ***Mania:*** Overall, discontinuations due to adverse events were 5.7% for SEROQUEL vs placebo in monotherapy and 3.6% for SEROQUEL vs. 5.9% for placebo in adjunct therapy. ***Schizophrenia:*** Overall, there was rence in the incidence of discontinuation due to adverse events (4% for SEROQUEL vs. 3% for placebo) in a pool of controlled owever, discontinuations due to somnolence (0.8% for SEROQUEL vs. 0% for placebo) and hypotension (0.4% for SEROQUEL or placebo) were considered to be drug related (see ***PRECAUTIONS, Adverse Events Occurring at an Incidence of 1% or mong SEROQUEL Treated Patients in Short-Term, Placebo-Controlled Trials***: The following treatment-emergent adverse ccurred during acute therapy of schizophrenia (up to 6 weeks) and bipolar mania (up to 12 weeks) in 1% or more of patients with SEROQUEL (doses ranging from 75 to 800 mg/day) where the incidence in patients treated with SEROQUEL was greater incidence in placebo-treated patients. ***Body as a Whole:*** Headache 21% vs. 14%, Pain 7% vs. 5%, Asthenia 5% vs. 3%, nal Pain 4% vs. 1%, Back Pain 3% vs. 1%, Fever 2% vs. 1%. ***Cardiovascular:*** Tachycardia 6% vs. 4%, Postural Hypotension 1%. ***Digestive:*** Dry Mouth 9% vs. 3%, Constipation 8% vs. 3%, Vomiting 6% vs. 5%, Dyspepsia 5% vs. 1%, Gastroenteritis 0%, Gamma Glutamyl Transpeptidase Increased 1% vs. 0%. ***Metabolic and Nutritional:*** Weight Gain 5% vs. 1%, SGPT ed 5% vs. 1%, SGOT Increased 3% vs. 1%. ***Nervous:*** Agitation 20% vs. 17%, Somnolence 18% vs. 8%, Dizziness 11% vs iety 4% vs. 3%. ***Respiratory:*** Pharyngitis 4% vs. 3%, Rhinitis 3% vs. 1%. ***Skin and Appendages:*** Rash 4% vs. 2%. ***Special*** : Amblyopia 2% vs. 1%. (Events for which the SEROQUEL incidence was equal to or less than placebo are not listed, but f the following: accidental injury, akathisia, chest pain, cough increased, depression, diarrhea, extrapyramidal syndrome hypertension, hypertonia, hypotension, increased appetite, infection, insomnia, leukopenia, malaise, nausea, nervousness esia, peripheral edema, sweating, tremor, and weight loss.) In these studies, the most commonly observed adverse events ed with the use of SEROQUEL (incidence of 5% or greater) and observed at a rate on SEROQUEL at least twice that of placebo omnolence (18%), dizziness (11%), dry mouth (9%), constipation (8%), SGPT increased 5%, weight gain 5%, and sia (5%). The following treatment-emergent adverse events occurred during therapy (up to 3 weeks) of acute mania in patients treated with SEROQUEL (doses ranging from 100 to 800 mg/day) used as adjunct therapy to lithium and divalproex he incidence in patients treated with SEROQUEL was greater than the incidence in placebo-treated patients. SEROQUEL vs). ***Body as a Whole:*** Headache 17% vs. 13%, Asthenia 10% vs. 4%, Abdominal Pain 7% vs. 3%, Back Pain 5% vs. 3%, ***ascular:*** Postural Hypotension 7% vs. 2%. ***Digestive:*** Dry Mouth 19% vs. 3%, Constipation 10% vs. 5%. ***Metabolic and nal:*** Weight Gain 6% vs. 3%. ***Nervous:*** Somnolence 34% vs. 9%, Dizziness 9% vs. 6%, Tremor 8% vs. 3%, Agitation 6% vs. ***spiratory:*** Pharyngitis 6% vs. 3%. (Events for which the SEROQUEL incidence was equal to or less than placebo are not listed uded the following: akathisia, diarrhea, insomnia, and nausea.) In these studies, the most commonly observed adverse events ted with the use of SEROQUEL (incidence of 5% or greater) and observed at a rate on SEROQUEL at least twice that of placebo omnolence (34%), dry mouth (19%), asthenia (10%), constipation (10%), abdominal pain (7%), postural hypotension (gitis (6%), and weight gain (6%). The following treatment-emergent adverse events occurred during therapy (up to 8 weeks ter depression in 5% or more of patients treated with SEROQUEL (doses of 300 and 600 mg/day) where the incidence treated with SEROQUEL was greater than the incidence in placebo-treated patients. SEROQUEL vs placebo). ***Gastrointestinal ers:*** Dry Mouth 44% vs. 13%, Constipation 10% vs. 4%, Dyspepsia 7% vs. 4%, Vomiting 5% vs. 4%. ***General Disorders and nistrative Site Conditions:*** Fatigue 10% vs. 8%. ***Metabolism and Nutrition Disorders:*** Increased Appetite 5% vs. 3%. ***Nervous n Disorders:*** Sedation 30% vs. 8%, Somnolence 28% vs. 7%, Dizziness 18% vs. 7%, Lethargy 5% vs. 2%. ***Respiratory, ic, and Mediastinal Disorders:*** Nasal Congestion 5% vs. 3%. (Events for which the SEROQUEL incidence was equal to or less placebo are not listed, but included the following: nausea, upper respiratory tract infection, and headache.) In these studies, the ommonly observed adverse events associated with the use of SEROQUEL (incidence of 5% or greater) and observed at a rate tOQUEL at least twice that of placebo were dry mouth (44%), sedation (30%), somnolence (28%), dizziness (18%), constip (10%), lethargy (5%), and nasal congestion (5%). Explorations for interactions on the basis of gender, age, and race did not any clinically meaningful differences in the adverse event occurrence on the basis of these demographic factors. ***Dose dency of Adverse Events in Short-Term, Placebo-Controlled Trials: Dose-related Adverse Events:*** Spontaneously elicited e event data from a study of schizophrenia comparing five fixed doses of SEROQUEL (75 mg, 150 mg, 300 mg, 600 mg, and g/day) to placebo were explored for dose-relatedness of adverse events. Logistic regression analyses revealed a positive dose se ($p<0.05$) for the following adverse events: dyspepsia, abdominal pain, and weight gain. ***Extrapyramidal Symptoms:*** Data ne 6-week clinical trial of schizophrenia comparing five fixed doses of SEROQUEL (75, 150, 300, 600, 750 mg/day) provided e for the lack of treatment-emergent extrapyramidal symptoms (EPS) and dose-relatedness for EPS associated with UEL treatment. Three methods were used to measure EPS: (1) Simpson-Angus total score (mean change from baseline) which es parkinsonism and akathisia, (2) incidence of spontaneous complaints of EPS (akathisia, akinesia, cogwheel rigidity, extrapy- l syndrome, hypertonia, hypokinesia, neck rigidity, and tremor), and (3) use of anticholinergic medications to treat emergent Angus total scores, spontaneous complaints of EPS and the use of concomitant anticholinergic medications to treat EPS placebo-controlled clinical trials for the treatment of schizophrenia (up to 6 weeks) and bipolar mania (up to 12 weeks), the incidence of SEROQUEL adverse events potentially related to EPS was 17% and 6% in the SEROQUEL groups and 6% and 3% in the placebo group. In these studies, the incidence of the individual adverse events (eg, akathisia, extrapyramidal disorder, tremor, dyskinesia, dystonia, parkinsonism, hypokinesia, masklike facies, muscle contractions, involuntary, psychomotor hyperactivity, and muscle rigidity) generally did not exceed 4% in any treatment group. The treatment groups were similar in mean change in SAS total score. BARS (Global Assessment) data also did not reveal treatment differences. The use of concomitant anticholinergic medications was similar between the SEROQUEL and placebo groups. ***Vital Signs and Laboratory Studies: Vital Sign Changes:*** SEROQUEL is associated with orthostatic hypotension (see ***PRECAUTIONS, Weight Gain*** in schizophrenia trials the proportions of patients meeting weight criteria of ≥ 7% increase from baseline at least once during four 3- to 6-week placebo-controlled clinical trials revealing a statistically significantly greater proportion of patients (23%) compared to placebo (6%). In mania therapy trials the proportions of patients meeting the criteria were 21% compared to 7% for placebo in the adjunct therapy trials and 17% compared to 4% for placebo in the monotherapy trial. In bipolar depression trials the proportions meeting the criteria were 8% compared to 2% for placebo. ***Laboratory Changes:*** A dose-related mean decrease in total thyroxine (T4) was observed in short-term trials with SEROQUEL. This decrease was suggested to be associated with asymptomatic increases in SGPT and increases in alkaline phosphatase. See ***PRECAUTIONS***. In post-marketing clinical trials elevations in liver transaminases (SGOT and SGPT) were observed. An assessment of hematological parameters in short-term placebo-controlled trials revealed no treatment-related changes in SEROQUEL and placebo. ***ECG Changes:*** Between-group comparisons of potentially significant SEROQUEL and placebo ECG findings revealed no significant SEROQUEL/placebo differences in the proportions of patients exhibiting potentially significant changes in ECG parameters, including QT, QTc, and PR intervals. However the proportions of patients exhibiting potentially significant changes in QTc were greater for SEROQUEL 6-week placebo-controlled clinical trials for the treatment of schizophrenia (n = 4,399) or bipolar mania (n = 1,439) compared to placebo (0.6% (1/156) incidence for placebo). In acute monotherapy bipolar mania trials, the proportion of patients with potentially significant tachycardia was 0.5% (1/192) for SEROQUEL compared to 0% (0/178) incidence for placebo. In schizophrenia trials, the proportions of patients meeting the same criteria were 0.6% (1/166) for SEROQUEL and 0% for placebo. In bipolar depression trials, no patients had heart rate increases ≥ 120 beats per minute. SEROQUEL was associated with a dose-related increase in heart rate, assessed by ECG, of 7 beats per minute compared to a mean increase of 1 beat per minute for placebo in schizophrenia patients. This slight tendency to tachycardia may be related to SEROQUEL's potential for orthostasis. See ***PRECAUTIONS***. ***Other Adverse Events Observed During the Pre-Marketing Evaluation of SEROQUEL:*** The following is a list of MedDRA terms that reflect treatment-emergent adverse events as defined in the introduction to the ADVERSE REACTIONS section reported by patients treated with SEROQUEL at multiple doses (≥ 75 mg/day) during premarketing trials (prior to SEROQUEL exposure) of approximately 2200 patients treated for schizophrenia. All reported events are included except those already listed in the table or elsewhere in labeling, those events for which a drug cause was remote, and those event terms which were too general to be informative. It is important to emphasize that although the events reported occurred during treatment with SEROQUEL, they were not necessarily caused by it. Events are further categorized by body system and listed in order of decreasing frequency according to the following definitions: frequent adverse events are those occurring in at least 1/100 patients; infrequent adverse events are those occurring in 1/100 to 1/1000 patients; rare events are those occurring in fewer than 1/1000 patients. **Nervous System:** *Frequent:* hypertonia, dysarthria. *Infrequent:* abnormal dreams, depersonalization, hypokinesia, hypotonia, thinking abnormal, tardive dyskinesia, vertigo. *Rare:* abnormal gait, choreoathetosis, dysphasia, hemiplegia, hyperkinesia, hyperreflexia, libido increased, urinary retention, incoordination, paranoid reaction, stupor, withdrawal syndrome, abnormal electroencephalogram, ataxia, depersonalization, stupor, bradykinesia, catatonic reaction, choreoathetosis, dysphasia, hemiplegia, hyperkinesia, hyperreflexia, delirium, emotional lability, euphoria, libido decreased, paralysis, stuttering. **Hemic and Lymphatic System:** *Rare:* hemorrhagic thrombocythemia. **Body as a Whole:** *Frequent:* syndrome. *Infrequent:* neck pain, pelvic pain, suicide attempt. *Rare:* overdose of the elderly, abscess, face edema, fever, hernia, abdomen enlarged. **Digestive System:** *Frequent:* anorexia. *Infrequent:* increased salivation, tongue edema. *Rare:* bilirubinemia, transpeptidase increased, gingivitis, dysphagia, flatulence, gastritis, gastroenteritis, gastritis hemorrhoids, hepatic function abnormal, incontinence, gastroesophageal reflux, gum hemorrhage, mouth ulceration, rectal hemorrhage, tenesmus. *Rare:* hematemesis, intestinal obstruction, melena, pancreatitis. **Cardiovascular System:** *Frequent:* hypertension. *Infrequent:* atrioventricular block, first degree, bundle branch block, bradycardia, QT interval prolonged, migraine, bradycardia, cerebral ischemia, heart arrest, myocardial infarction, pulmonary embolism, vascular accident, deep thrombophlebitis, T-wave flattening, ST abnormality, ventricular extrasystoles. *Rare:* angina pectoris, atrial fibrillation, atrioventricular block, complete, bundle branch block, deep ST elevated thrombophlebitis, T-wave flattening, ST abnormality, increased QRS duration. **Respiratory System:** *Frequent:* pharyngitis, rhinitis. *Infrequent:* increased dyspnea. *Infrequent:* pneumonia, epistaxis. *Rare:* hemoptysis, hyperventilation, lung edema. **Metabolic and Nutritional System:** *Frequent:* peripheral edema. *Infrequent:* weight loss, alkaline phosphatase increased, creatine phosphokinase increased, dehydration, hyperglycemia, hyperuricemia, increased hypoglycemia. *Rare:* acidosis, alcohol intolerance, hypercholesterolemia, hypokalemia, lactic acidosis. **Skin and Appendages System:** *Frequent:* pruritus. *Infrequent:* dry skin, eczema, erythema, hair discoloration, seborrhea, skin ulcer. *Rare:* exfoliative dermatitis, psoriasis, skin discoloration. **Urogenital System:** *Infrequent:* cystitis, dysuria, urinary incontinence, metrorrhagia, impotence, dysmenorrhea, menorrhagia, prostatic disorder, urinary frequency, amenorrhea, female lactation, genital edema, leukorrhea, menstrual disorder, testicular pain. *Rare:* polyuria, acute kidney failure. **Special Senses:** *Infrequent:* conjunctivitis, taste perversion, tinnitus, abnormal vision, dry eyes, eye pain. *Rare:* abnormal accommodation, deafness, glaucoma, hyperacusis. **Musculoskeletal System:** *Infrequent:* arthrosis, myasthenia, twitching, arthralgia, arthritis, leg cramps, myalgia, neck pain. **Hemic and Lymphatic System:** *Frequent:* anemia. *Infrequent:* leukocytosis, petechia, eosinophilia, lymphadenopathy, purpura. *Rare:* coagulation time increased, hypochromic anemia, leukopenia. **Endocrine System:** *Infrequent:* hypothyroidism. *Rare:* hyperthyroidism, inappropriate ADH syndrome. **Post Marketing Experience:** Adverse events reported since market introduction which were temporally related to SEROQUEL therapy but not necessarily caused by it. Events are further categorized by body system and listed in order of decreasing frequency according to the following definitions: frequent adverse events are those occurring in at least 1/100 patients; infrequent adverse events are those occurring in 1/100 to 1/1000 patients; rare events are those occurring in fewer than 1/1000 patients. **Blood:** *Rare:* pancytopenia, thrombocytopenia. **Cardiovascular:** *Rare:* cerebrovascular accident, pulmonary embolism, torsade de pointes, ventricular tachycardia. **Endocrine:** *Rare:* diabetes mellitus, diabetic coma, hyperglycemia, inappropriate antidiuretic hormone secretion (SIADH), and thyroiditis. **Gastrointestinal:** *Rare:* pancreatitis. **Hepatobiliary:** *Rare:* hepatitis, hepatic failure, including fatal cases, and jaundice. **Metabolic:** *Rare:* hyponatremia. **Musculoskeletal:** *Rare:* rhabdomyolysis. **Neurological:** *Rare:* neuroleptic malignant syndrome (NMS), potentially fatal symptom complex sometimes referred to as NMS, seizure, tardive dyskinesia. **Skin:** *Rare:* angioedema, photosensitivity reaction, Stevens-Johnson syndrome, toxic epidermal necrolysis. **Urogenital:** *Rare:* priapism, urinary retention.

DRUG ABUSE AND DEPENDENCE. Controlled Substance Class: SEROQUEL is not a controlled substance. ***Physical and Psychological dependence:*** SEROQUEL has not been systematically studied in animals or humans for its potential for physical or psychological dependence. While the clinical trial and marketing experience for SEROQUEL has revealed no tendency for drug-seeking behavior, these observations were not systematic and it is not possible to predict on the basis of this limited experience the extent to which a CNS active drug will be misused, diverted, and/or abused once marketed. Consequently, patients should be evaluated carefully for a history of drug abuse, and those patients should be observed closely for signs of misuse or abuse of SEROQUEL (e.g., development of tolerance, dose escalation, drug-seeking behavior).

OVERDOSAGE. Human experience: Most patients who have taken overdose of SEROQUEL have experienced no symptoms or only those events already listed as adverse reactions. In a minority of cases, however, symptoms have been reported that represent significant exaggeration of the drug's pharmacological activity, including cardiac arrhythmias and seizures. Patients with a history of cardiac disease may be more susceptible to the effects of overdosage. Fatal outcomes have been reported for acute overdosages as low as 6 grams, but patients have also survived substantially larger overdoses.

PRECAUTIONS: Orthostatic Hypotension: SEROQUEL can induce orthostatic hypotension related to its α1-adrenergic antagonist activity. SEROQUEL should be used with particular caution in patients known to have cardiovascular disease (history of myocardial infarction or ischemic heart disease, heart failure or conduction abnormalities), cerebrovascular disease, or conditions which would predispose patients to hypotension (dehydration, hypovolemia, and treatment with antihypertensive medications). The risk of orthostatic hypotension may be expected to increase during dose escalation. Syncope was reported in 1% of patients treated with SEROQUEL in placebo-controlled trials. Syncope was dose-related in short-term, placebo-controlled trials. If hypotension occurs during titration to the target dose, a return to the previous dose is recommended. Consideration should be given to administering SEROQUEL in divided doses. If hypotension occurs during titration to the target dose, a return to the previous dose is recommended. Consideration should be given to administering SEROQUEL in divided doses.

Management of Overdosage: In case of acute overdosage, establish and maintain an airway and ensure adequate oxygenation and ventilation. Gastric lavage (after intubation, if patient is unconscious) and administration of activated charcoal together with a laxative should be considered. The possibility of multiple drug overdose should be considered. Monitoring of the cardiovascular system should commence immediately and should include continuous electrocardiographic monitoring to detect possible arrhythmias. There is no specific antidote to SEROQUEL. Therefore, appropriate supportive measures should be instituted as needed. Hypotension and circulatory collapse should be treated with appropriate measures such as intravenous fluids and/or sympathomimetic agents (epinephrine and dopamine should not be used, since beta stimulation may worsen hypotension in the setting of SEROQUEL-induced alpha blockade). In cases of severe extrapyramidal symptoms, anticholinergic medication should be administered. The patient should be closely observed until recovery occurs.

DOSAGE AND ADMINISTRATION *Dosing in Special Populations:* Dosage adjustment is not routinely recommended for elderly patients, patients with renal impairment, or patients with hepatic impairment. However, a lower starting dose, slower titration to the target dose, and careful monitoring during the initial dosing period in the elderly are recommended. The mean plasma clearance of SEROQUEL was reduced by 30% to 50% in elderly patients when compared to younger patients. Dosage adjustment may be indicated for patients who are receiving concomitant medications that inhibit hepatic enzymes (see ***PRECAUTIONS, Drug Interactions***). Dosage adjustment is not routinely recommended for patients with renal impairment. Because quetiapine is highly bound to plasma proteins, it is not expected to be significantly removed by hemodialysis. See ***PRECAUTIONS, Drug Interactions*** for dosage adjustment recommendations for patients receiving concomitant medications that inhibit hepatic enzymes. ***Maintenance Treatment:*** While there is no evidence that SEROQUEL is effective for more than 6 weeks in the treatment of schizophrenia, the question of how long a patient should be treated with SEROQUEL should be addressed. It is generally recommended that patients who are responding to SEROQUEL be reassessed periodically to determine the need for maintenance treatment. ***Reinitiation of Treatment in Patients Previously Discontinued:*** There are no data to support the reinitiation of treatment with SEROQUEL. It is generally recommended that, when reinitiating patients after an interval of less than one week of SEROQUEL discontinuation, the previous dose should be used. When restarting therapy in patients after more than one week of SEROQUEL discontinuation, a titration period should be followed. ***Switching from Antipsychotics:*** There are no adequate data to support a direct switch from other antipsychotics to SEROQUEL. For patients with schizophrenia, it is generally recommended that a gradual cross-titration is the preferred approach. If a more rapid discontinuation of the previous antipsychotic is medically necessary, some patients may require a transition period of supplemental SEROQUEL and/or other appropriate antipsychotic medication. When switching patients from depot antipsychotics, if possible, initiate SEROQUEL therapy in place of the next scheduled injection. The need for continuing existing EPS medication should be reassessed periodically.

This summary provides only selected information about SEROQUEL. For more complete information, please see the full Prescribing Information and discuss it with your doctor.

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and our personalities complemented each other. I'm quiet, serious and laid-back; Sara is outgoing, witty and assertive. Her sharp sense of humor made me laugh—and laughing together felt good.

"Unfortunately, it's been far too long since Sara and I laughed—or did the things we once enjoyed. In my opinion, this is our chief problem—not my failure to complete chores on her schedule. For the past few years Sara has been absorbed in her job, working late hours and traveling every month, and I miss her when she's not home. It's really a vicious circle: The less time we spend together, the more neglected and the less motivated I feel. Out of loneliness and laziness, I surf the Internet, play video games and watch TV until I doze off. I've gained weight and as a result have no energy to exercise. I'm sad that Sara no longer finds me attractive.

"Our problems aside, Sara is the love of my life. I'm devastated that our marriage is in trouble, but I agree that we must work things out before we become parents. It's wrong to raise a child in an unhappy home. I know I need to make changes to become a better husband, but Sara needs to take responsibility for what she's doing wrong, too."

The counselor's turn: "When Sara and Tom started therapy she accused him of being too passive, and he said she was too aggressive," the counselor said. "It's very common for people with inherently different personalities to be drawn together. But after I heard this couple's complaints it became clear that Tom's behavior wasn't passive, but rather passive-aggressive.

"An assertive stance is, 'No, I won't pay the bills'; a passive one is to just do it, even if you don't want to. A passive-aggressive stance is saying, 'Sure, I'll pay the bills,' but then 'forgetting' to do it and apologizing, which is cowardly and deceptive. Either way, the bills don't get paid. Being passive-aggressive is an indirect way of expressing anger and exercising power. Tom was angry with Sara for being a controlling caretaker, but to avoid an argument, he acted out by not keeping his promises. This is a fairly common behavior. Many people wrongly assume that if they say no when their spouse makes a request, they'll set off an immediate conflict. In fact, the spouse may well say, 'Fine. I'll find another way to get it done.' People need to have the freedom to say no to their partner without creating ill will.

"This couple needed to accept their basic personality differences, become more accommodating to each other and improve their communication. Significantly, Sara and Tom identified each other's positive traits and both said they were still in love—two keys for improving their relationship. What's more, impending parenthood provided the kick in the pants they needed to change. Our counseling sessions provided Tom with a neutral forum in which he felt free to assert himself with candor. 'I don't want Sara to be the sole decision maker anymore,' he admitted in an early session. 'I've let that happen, but I want to be equally involved in shaping Rebecca's life.'

"We discussed how their families of origin had affected their personalities. Tom developed his passive-aggressive tendencies in childhood. He resented his controlling father who ordered him around. The more his father pushed, the more Tom said yes to placate him but then acted out by not following through and making excuses. It was his way of asserting independence. Once he married, as is so often the case, he re-created this pattern with his wife.

"Meanwhile, Sara's mother, in expressing pleasure at young Sara's popularity, sent the implicit message that her daughter was responsible for her happiness. It's not really surprising that Sara would assume a caretaker role in her marriage or that in her treatment of Tom she would inadvertently mirror the controlling tendencies of his father.

"Tom and Sara's behavior patterns had been established decades earlier, but the urgent questions facing them were: Could Tom become an equal partner in his marriage, and could Sara back off? When I suggested that Tom was reluctant to follow through because he harbored unresolved anger at his wife's controlling ways, he acknowledged that the more she nagged him, the more he resisted. 'I don't like to be pressured,' Tom said. But he also hated conflict; hence his habit of making false promises. 'You're eroding Sara's trust,' I explained, 'and you only delay the inevitable fight.'

"Tom needed to be honest with Sara about what he was and wasn't CONTINUED

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willing to do. 'If you refuse to do something, for whatever reason, explain why upfront. Don't raise her expectations and then disappoint her,' I advised. 'However, if you want a loving, intimate relationship with your wife, you *should* do some things that are important to her. For example, an unmowed lawn may not bother you, but it clearly bothers her—not to mention other people in your community. By maintaining the lawn and keeping clutter to a minimum, you'll be making a loving gesture toward your wife.'

"As for Sara, she needed to be less demanding and critical. While Tom vowed to do better at straightening up and finishing household tasks, he freely admitted that he'd never be as neat as Sara. I agreed that Sara should be more tolerant of his basic personality. 'Yes, Tom can improve,' I told her, 'but he can't be you. Accept him for who he is.'

"To prove to Sara that he was serious about becoming more responsible, Tom offered to oversee a series of renovation projects that had to be completed in advance of Rebecca's homecoming later in the year. He hired and supervised the contractors who replaced the furnace; on his own, he painted and tiled the bathrooms, cleaned the basement, prepared the nursery and negotiated a good deal on a new car. He also finished reupholstering the dining-room chairs and handled his regular chores, after telling Sara that it might take him a while to get everything done. Sara was thrilled with Tom's initiative: 'When we started therapy I thought he was a hopeless case. I can't believe the way he's stepped up.'

"From there we talked about their need for more couple time. Sara agreed to stay downstairs and talk to Tom when she came home from work, and I urged them to go on a weekly date. In honor of their 10th wedding anniversary, they bought new bikes, which they ride on weekends at state parks. As for their sex life, Tom needed to stop falling asleep downstairs and go to bed when Sara did in order to facilitate intimacy. I advised Tom to exercise, not only to make himself more physically appealing but also to boost his energy level. As the couple followed these suggestions, they felt more loving and their sex life resumed—and improved. 'Now that I no longer resent Tom all the time, I feel the spark returning,' Sara said.

"Finally, I encouraged the couple to adjust their communications style. They'd never seen their parents disagree, so neither had learned how to appropriately express anger, disappointment or frustration. As a result, they'd fallen into an unhealthy cycle: Sara held her emotions in check for a while, but upon reaching her breaking point would lash out and then punish Tom with the silent treatment. Tom, meanwhile, withdrew when upset. I recommended that Sara express her feelings in a timely manner, rather than suppress them and eventually explode in rage.

"I stressed that when asking Tom to d something, she should use supportive la guage to convey the task's importance to he 'Tom, I'm excited about our upcoming tri and it would mean a lot to me if you coul book our flights this week. I'm swamped work and likely won't be able to handle it.' T avoid misunderstandings, I recommende that Tom tell Sara if he couldn't honor a r quest. And if he slipped up on a promise an Sara lapsed into name-calling or excessiv criticism, he should be direct: 'Sara, it's hur ful when you speak that way. I'm sorry I di appointed you, but we need to move on.' S far, this approach is working. 'We're n afraid of anger anymore,' Tom said. 'Cou seling taught us to acknowledge our ang and verbalize it in a positive way.'

"Sara and Tom are rightly proud of the progress. The adoption was recently com pleted, and they are enjoying parenthoo more than they ever imagined. The last tim I saw them they were positively glowin about both their baby daughter and thei own relationship. 'Tom is a devoted an active father,' Sara gushed. 'I can totally rel on him now, and our future looks bright.'

"Tom agreed. 'I love and appreciate Sar more than ever,' he said, 'and havin Rebecca has made our family, and ou happiness, complete.'"



"Can This Marriage Be Saved?" is the most enduring women's magazine feature in the world. This month's case i based on interviews with clients and information from the files of Marc D. Rabinowitz, LCSW, a marital therapist at the Psychotherapy Center in Norfolk, Virginia. The story told here is true although names and other details have been changed to conceal identities. "Can This Marriage Be Saved?" is a registered trademark of Meredith Corporation.

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PART II

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The family poses with a giant cement prairie dog in South Dakota

Unless you count Pensacola, Florida (10 miles away) and Chattanooga, Tennessee (13 miles away), I was 18 years old before I ever left my home state of Alabama. When I was a child there was no money for elaborate vacations, and I dreamed about those iconic American journeys—to the Grand Canyon, Yellowstone, Disney World—that I heard about every September from my classmates. I told myself that when I had kids of my own, we would spend our summers exploring the great American landscape, from sea to shining sea. No child of mine would get stuck writing a back-to-school essay called "My Summer Vacation at La Lurleen State Park."

Then Haywood and I actually had kids and discovered that traveling with small children is absolutely no fun. Imprisoned in their car seats, they wail for hours, begging for deliverance from their government-approved straitjackets. Family reunions were the only trips we could handle. One day, we figured, we'd be up for a big adventure.

But then my father died, and Sam became a teenager, and still we'd taken no grand excursion into the heart of America. It hit Haywood and me that these days together are terribly, terribly short. So we came up with a plan to combine a mini family reunion with a massive family vacation: a multigenerational trip through the American West involving a grandmother with Parkinson's, a grandfather with an artificial knee and three bouncy children completely unaware that mountain overlooks are not safety surrounded by guardrails. It did not begin auspiciously.

Day 1: To avoid the July Fourth rush, Haywood and I pick up our rental car, the largest SUV on the market, a day CONTINUED

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early. We arrive at the rental agency and promptly have a fight: I point out that Haywood has reserved a car whose backseat is no bigger than our own minivan's, and the whole point of renting is to give long-legged Sam more space. Haywood points out that, unlike our minivan, the rental has a DVD player and more luggage room. I question whether having the DVD player is worth $1,600 and 3,500 miles of lousy gas mileage. Haywood questions whether, in the absence of a movie option, we have the fortitude to play I Spy With My Little Eye for 3,500 miles. Haywood wins.

Day 2: Haywood and Papa head to Wal-Mart to buy an extra-large cooler; Grandmother and I stay behind to chop vegetables, wash fruit and boil eggs for lunches. Papa returns and doubts that so much food will fit into one cooler; he suggests heading back to Wal-Mart—a store that I hate and he loves—to buy a second cooler. Haywood doubts that a second cooler will fit into even a monster SUV. Grandmother notes that I'm on the verge of saying something mean to both Haywood and Papa. Gently, she leads the men out of the kitchen.

Day 3: Planned time of departure: 6 A.M. Actual time of departure: 9:10 A.M. Time we discover that Henry has forgotten Ralph, the stuffed giraffe he can't sleep without: 9:40 A.M. Time of second departure: 10 A.M. First highway argument: 10:07 A.M. Subject: Haywood's driving. I think he's driving too fast; he thinks we've lost too much time. If we don't hurry, he says, we'll have to skip our very first stop, Cahokia Mounds, an ancient Native American settlement near Collinsville, Illinois, also home of the World's Largest Catsup Bottle. Papa is interested in Indian mounds; Sam, Henry and Joe are interested in the world's largest catsup bottle; Grandmother and I are very interested in not dying on the highway. The World's Largest SUV is interested in flipping over every time Haywood peers down at the map Papa has spread across the dashboard.

Day 4: We explore St. Louis. "Gateway to the West." Sam, Henry and Joe are indifferent to the many educational sites associated with westward expansion. "Please, Mom, can't we just go back to the hotel and watch the Cartoon Network?" Joe asks, handing back his copy of the educational brochure I've picked up in triplicate. "Yeah, Mom, it's not really a vacation if you have to learn something," Sam mutters. "Hey, it says here we can go to the top of the Gateway CONTINUED

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From left, the author's sons, Joe, Henry and Sam, at Mount Rushmore

Arch!" Henry enthuses, breaking ranks and actually reading the pamphlet. "On a windy day you can feel the whole thing swaying!" Suddenly I'm thinking about heading back to the hotel to watch cartoons myself.

Day 5: Following the Lewis and Clark Trail, we're heading west in a covered SUV as I read aloud the story of Sacagawea, the Shoshone translator who, eight weeks after giving birth, traveled through the wilderness with Lewis and Clark and their band of unbathed explorers. Attempting to ignore the human farting contest being conducted in our backseat (courtesy of the three-bean salad we forced the kids to try at lunch), I consider what it must have been like for Sacagawea to be the only woman in a large party of sweaty, malodorous men.

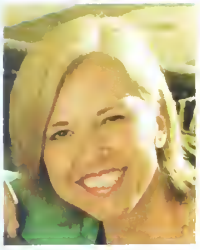
Day 6: We're approaching the highlight of the trip for me: The Ingalls Homestead, in De Smet, South Dakota, immortalized in *Little Town on the Prairie*. Papa is navigating; the kids are intent on their Game Boys; Haywood, fighting gale-force winds, is trying to keep the Giant SUV on the Prairie somewhere near the middle of the road; and I am reading aloud from the gorgeous prose of Laura Ingalls Wilder. No one is listening but Grandmother.

Day 7: The Badlands are aptly named. The barren landscape might have been imported from Mars—or hell. It's beautiful and mystifying, and the children can endure the heat and the relentless wind for only a few minutes before they pile back in the car, refusing even a potty break at the visitors' station. We've allowed a day for hiking in the national park, but clearly that's not going to happen. Our guidebook points out a nearby attraction: a giant cement prairie dog and convenience store. "I hope they have Icees," says Henry. "I hope they have a swimming pool," says Sam. "I hope they have a bathroom," says Joe.

Days 8 to 12: After a stop to pick up Grandmother's medication, which is running low but can be refilled in Rapid City, we make it to our home base: Custer State Park, in the heart of the Black Hills. From here we make day trips to tour a gold mine, ride a train from 1880, take a vertiginous drive along the Needles Highway and visit Mount Rushmore (which Haywood has taken to calling the "World's Largest Carving of Presidential Heads"). The boys are catching the spirit of the trip, eager to go fishing, eat a buffalo burger and hear about cowboys, the Gold Rush and the snakes of South Dakota. Standing next to a tank holding an irritable prairie rattlesnake, a local herpetologist asks for volunteers. My boys leap to their feet, hands shooting up, and the herpetologist smiles. He says, "And now you know why the vast majority of snakebite victims are first, male; second, under 25; and third, attempting to pick up the snake."

Day 13: We've left the cool Black Hills behind now and we're back on the hot Dakota prairie, headed east for the Corn Palace, in Mitchell. The children hear us talking and groan; once we leave the Cowboy West behind, they're like horses who smell the barn—ready, after their grand adventure, to get back home. Haywood and I smile at each other. The boys are tired, we're tired, and the grandparents are soundly asleep. We've hauled three generations across seven states, learned about agronomy and zoology and geology and anthropology and history—and had a once-in-a-lifetime experience, the kind of family vacation I dreamed of as a child. I reach across the massive front seat to hold my husband's hand. We're still 1,200 miles away, but it's time to head home.

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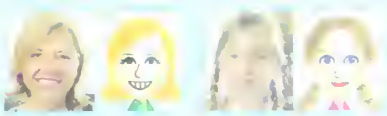


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Janiene *Kailey*



SAVE A SEAT FOR DAD

The benefits kids reap from family meals include higher grades and lower rates of obesity and drug use, studies show. So Cameron Stracher, then a corporate attorney and now author of *Dinner With Dad: How I Found My Way Back to the Family Table*, vowed that for one year he would cook—and eat—dinner with his wife and children five nights a week, come hail, high water or rush-hour traffic.

Q What motivated this culinary experiment?

A I had a high-pressure job and a killer commute and was missing out at home. I'd leave before anyone else was awake and return after they were asleep. Plus, my wife and I fell in love making food together and I wanted to recapture that magic.

Q Sounds simple enough—but was it?

A I took a financial hit because I had to drop projects requiring travel. Ultimately, though, it was a matter of modifying my work habits. You *don't* have to take that last-minute phone call—you *can* turn off the BlackBerry.

Q How did this undertaking affect you as a father?

A It made me an equal contributor to my family life. I never wanted that *Leave It to Beaver* situation where the husband works and the wife cooks. When my 7-year-old asked, "Daddy, what's for dinner?" I knew I'd done the right thing. *—K. Emily Bond*

LHJ.com For more with Cameron Stracher, visit www.lhj.com/dinnerwithdad

"Grandtravel" (kids vacationing with Grandma and Grandpa without Mom and Dad) is up 60% since 1996 and now accounts for at least one-fifth of all trips taken with children

WHY SILENCE IS GOLDEN

Ever find yourself too drained even to speak after a long day? Join the club: In a recent survey published in the *Harvard Business Review*, 45 percent of managers said they enter a post-work "conversational dead zone," a state that economist Sylvia Ann Hewlett, Ph.D., the survey's coauthor, describes as "'browned out'—not quite burned out." How do you keep this "brown time" from damaging your relationships? Instead of attempting to interact, Dr. Hewlett suggests, take a brief, silent time-out to collect your thoughts and replenish your energy. This mental mini vacation will provide the buffer you need between the stresses of work and the demands of domestic life—and might even lead to a real conversation. *—Jennifer Castor*



The *Grey's Anatomy* effect? In a new poll of 1,500 teens, "doctor" came in first as girls' most desirable career, with 10% naming it their ideal job. When *The Apprentice* premiered three years ago, "businessperson" topped the charts

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Inspiration can be found in many places, sometimes when least expect it. For some, inspiration comes from spending with their children or connecting with a long lost friend. For ot it may come from visiting a new town or reading a

FIND YOUR INSPIRATION

In the January issues of *Ladies' Home Journal*® and *Better Homes and Gardens*® we asked you to tell us how you were inspired to make a change in your life. Many of you shared your stories, and two lucky readers won fabulous prizes. Find inspiration in their stories below.

Each issue of *Better Homes and Gardens* empowers me to aspire to greater heights. The article entitled "The Simple Life," (January 2007, page 90) described how Joe and Christina Logson downsized their home to act on their dream of opening a bakery and cafe. I have decided to join the ranks of the Logsons out there and go for my dream. My home is up for sale. I've found a small condominium and will no longer be a slave to possessions and memories of old. Life will take on a new chapter, and oh yes...there will be travel.

– Genevieve Albosta
Dallas, PA



Genevieve won a Weekend of Inspired Living at the Better Homes and Gardens headquarters

When reading "Five Surprising Secrets about Happiness," *Ladies' Home Journal*, January 2007, page 18) I got the feeling that I was not really doing what I should in life. I decided to examine my life and realized I was happiest in the simplicity of my childhood. I saw a childhood friend's name in the newspaper. We hadn't connected in 30 years. I contacted him via email and he reciprocated. There's nothing better than that feeling of connecting with an old dear friend. What a warm, uplifting experience!

Mathey Skophammer
Fort Dodge, IA



Karen won a trip to Atlanta to meet Rick Warren, author of *The Purpose Driven Life* and *Ladies Home Journal*'s Author of Purpose



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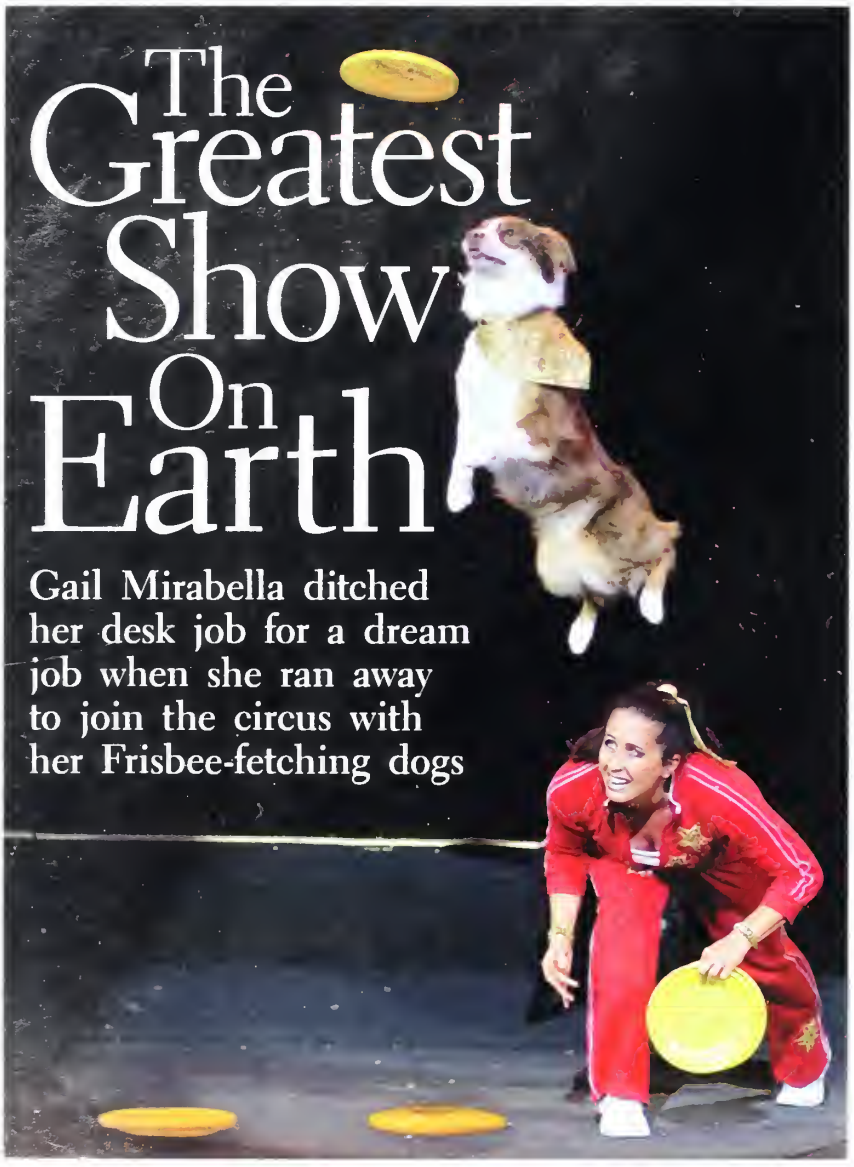
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 by MELODY WARNICK

The Greatest Show On Earth

Gail Mirabella ditched her desk job for a dream job when she ran away to join the circus with her Frisbee-fetching dogs



Dallas, with owner-trainer Mirabella, displays his fetching talents on stage

Gail Mirabella was never the kind of woman to take chances. For almost a decade she worked as a quality-assurance manager for pharmaceutical companies, monitoring scientific studies from behind an ever-present clipboard. It was a job at which the self-described perfectionist excelled. "I was a very by-the-book type of person," she admits. "I'd never even had a speeding ticket."

But there she was, in March 2006, at the age of 36, making her debut in Tallahassee, Florida, arena as the newest member of the Ringling Bros. and Barnum & Bailey circus. Gone were the pantsuits and heels she used to wear to work, replaced by a spangled red tracksuit and running shoes. The crowd was hushed until the ringmaster spoke. "Tallahassee! Do you believe dogs can fly?" The crowd roared its assent.

Mirabella stepped into the are and with a flick of her wrist hurled Frisbee for her blue-eyed border c lie Jet, who raced forward and fle into the air to snatch it. Houston a Dallas, Mirabella's father-and-s Australian shepherds, were right his heels, galloping into the ring chase more airborne disks whi twisting their agile bodies into ch reographed flips.

For the six minutes Mirabella a her dogs were in the spotlight, s was in motion, leading the anim performance while using her o body as a prop. In one showstoppi trick she lay on the floor, feet in t air, while the 40-pound Dallas b anced on her soles. The dog th jumped off and caught a Frisbee ju as Mirabella scrambled to her feet he could land on her back. The crow went wild, and Dallas did, too, sailin into the air as the audience thunder "The dogs feed off the applause," sa Mirabella. "When people are goi nuts, they are on fire."

Audiences love Houston, Dall and Jet precisely because they a dogs. "People are wowed by the e phants, but Gail's act is somethi they can relate to," explains Bri Newman, the former production manag of the Ringling Bros. group that Mirabe tours with. "They'll say, 'I had a dog whe was a kid, and I couldn't even teach him sit. But her dog is balancing on her feet!'"

It all started simply enough. Growing in Hatboro, Pennsylvania, Mirabella us to play circus with the family mutt, teachi him to scale ladders and leap through bi tires. Shy as a teen, she gained confiden from the constant presence of a canine co panion. "People are always interested dogs," she says, "so having one let me more outgoing."

CONTINU

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Clockwise from top left: Australian shepherds Houston and Dallas ar border collies Chaps and Jet, with Mirabella

In 1991, right out of college, where she'd studied animal sciences, she bought an Australian shepherd puppy with a $200 tax refund from her job as a veterinarian's assistant in Boulder, Colorado. She named him Austin. The two were soon inseparable. "He went everywhere with me," recalls Mirabella. "He'd even pull me around while I was wearing my inline skates."

Mirabella also enrolled Austin in an obedience course. After class one day she was outdoors tossing him a Frisbee when a classmate told her she should compete with the dog. The woman mentioned disc dogging, an increasingly popular sport in which canines are judged for their ability to fetch Frisbees thrown up to 40 yards and to perform routines of catches and acrobatics.

Intrigued, Mirabella entered a local tournament with Austin. According to Ed Jakubowski, a disc-dog enthusiast who met Mirabella there, the two were naturals. "I asked Gail if she wanted to sell her dog," he says. She declined. The duo started winning competitions right away, first locally, then nationally.

In 1993 a move back east brought Mirabella to a post assessing animal studies for a pharmaceutical company. "I needed a real job," explains Mirabella. "In Colorado I was making minimum wage. And my new position used my animal science knowledge."

She and Austin kept winning meets, and in 1999 Mirabella became the only woman to qualify for the world finals in Washington, D.C. Though she didn't get the top prize, she received so much exposure she soon found herself entertaining with Austin at festivals and sporting events, including a New England Patriots halftime show.

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As she lined up more weekend events, Mirabella trained Houston and Dallas (Austin's son and grandson) and Jet (whom she got four years ago) to perform as well. She fantasized about working with her dogs full-time but didn't have the nerve to leave the corporate world—until Austin's death of cancer at age 12, at the end of 2004.

Mirabella was devastated. For months she comforted herself by poring over the cards and e-mails that flooded in from friends in the world of disc-dog competition. Finally she made a decision. "I realized I didn't want to pass up the chance to do something great with the phenomenal dogs I still had," she remembers.

Ever the analyst, Mirabella worked up a business plan for a facility that would offer obedience and disc-dog courses and rented a site, including a cottage and warehouses that could be used for classes, in upstate New York. She withdrew money from her retirement fund to give herself a financial cushi and, at the end of July 2005, quit the nine-t five grind to start her new life.

She had barely settled in when, in Febr ary 2006, she found out that the Ringli Bros. circus was hunting for a new hig energy dog act. Did she want to auditio Indeed, she did.

After five minutes of watching wh Mirabella and her dogs could do, the c cus's talent scouts offered them a two-ye contract. The catch: She had 16 days to g ready to join the show in Tallahassee. didn't eat or sleep for a few days," she say "But I wanted to do it."

These days it's clear that circus life su her. Sure, home is a 29-foot trailer th houses Mirabella and her 10 dogs: the ori inal three plus three other Australian she herds. Brooklyn, Seven and Pippin; second border collie, Chaps; a terrier mi Cricket; and two rat terriers, Topper ar Charlotte. And yes, she hits a new city two every week, performing in as many 12 shows at each stop. In fact, when sl wakes up, she has to pause to rememb what town she's in. But this is what Mir bella loves about her new life.

She confesses that she wishes Aust were with her to enjoy the ride—after all, h talents were the catalyst for her gre adventure. But when the other dogs barr into her at the end of a show, their tails wa ging mightily, Mirabella is grateful that sl ran away to join the circus. "To me, it's dream come true," she says.


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Good-Bye EMPTY NEST, *Hello* FULL LIFE!

Today's baby boomers are reinventing their lives after the kids leave home ... and enjoying a renewal of purpose and joy

Every year across America hundreds of thousands of grown kids leave home—for college, jobs, marriage, the armed forces. The term "empty nest" may be the traditional way to describe a household abruptly devoid of children, but the pathetic image it conjures—of forlorn, purposeless parents—is hopelessly out of date. "In the past, couples didn't have to worry about what to do after their kids grew up because many marriages ended in death not long after the last child left home," notes Stephanie Coontz, author of *Marriage, a History: How Love Conquered Marriage* and a contributing editor at *Ladies' Home Journal*. The 21st century has ushered in a new paradigm.

With today's longer life spans and smaller families, a married couple in good health can reasonably expect to spend decades together sans children. "Child rearing has changed from being a major dimension of adult life to a mere interlude," says David Popenoe, Ph.D., codirector of the National Marriage Project at Rutgers University and a contributing editor at *Ladies' Home Journal*. That change, in

By Carol Meiners



Hosea and Mary Chan have swapped their sprawling suburban lawn for the crowded pavements of Boston's North End



turn, has created a new stage of marriage one many couples embrace. Indeed, when home building company Del Webb asked aging boomers in a 2004 survey how they felt about their kids moving on, more than half said they felt freer to be themselves and a quarter reported feeling "like a newlywed again."

"Many couples today seem happier after the children have left home," acknowledges Dr. Popenoe. "After struggling for so long, this is what they look forward to."

Here, meet four couples who spent years shepherding their children into adulthood and are now reinventing their lives.

Bright Lights, BIG CITY

ONCE UPON A TIME, EMPTY nesters preserved the family home as a virtual shrine to their departed offspring—sports trophies crowding family room bookshelves, old rock band posters tacked to the walls of now vacant bedrooms. Today's post parenting moms and dads, though, are more likely to re feather the nest for themselves. A 2001 American Furniture Manufacturers Association survey, for instance, found that one in four such couples had plans to renovate, often with luxury upgrades that would have been impractical with young kids in the house. Others happily start over. In the 2004 Del Webb survey, 30 percent of baby boomers planned to move when the kids left home.

Some of these relocating "new nesters" are helping to revitalize urban neighborhoods, notes John McIlwain, a senior fellow for housing with the Urban Land Institute, a research organization in Washington, D.C. "If you no longer have to worry about what school district you're in, you're free to choose to live where it could be fun," he says. Among these new urbanites are Naomi and Mark Paul, who raised [illegible]



On the Road AGAIN

CATHY AND DICK WHALEN'S early years together were happy but hardly carefree. They married young, shortly after she graduated from college and he returned from a tour in Vietnam, and almost immediately conceived the first of their three children, a daughter born in 1968. For the next three decades, they raised children, hopscotching around the country as Dick's jobs in the food service industry demanded. The couple now lives in Centennial, Colorado, near all three of their children. When the Whalens' youngest moved out a few years ago the couple was "finally able to get the time alone together that we never had," says Cathy, 60.

Cathy and Dick had always considered themselves adventurous, but only now did they have the time to travel—and the money. In the latter regard they are entirely typical: Sixty-seven percent of those in the Del Webb survey said their disposable income increased when their kids left home, and about half planned to spend the windfall traveling. The couple's first post-parenting act was to get certified as scuba divers and take several diving trips. Then Dick bought a Harley-Davidson, on which the two ride in nearby hills. "I can do this now," says Cathy, laughing, "because I don't have to worry about leaving three small children orphans."

Next came sailing lessons. In the last few years the Whalens have chartered boats in the Caribbean and the Gulf of California in Mexico, where they spent a week playing tag with dolphins and marveling at marine life.

These adventures have renewed and changed the couple's marriage. "Much of our togetherness before was part of raising the kids—we both went to soccer games, we both went to recitals," says Dick, 62. "Now we're together in a new way. Sailing requires cooperation and teamwork—someone CONTINUED

their son and daughter in a 3,600-square-foot colonial cape in Newton, Massachusetts, and now live in a condo one-third that size in Boston's North End, less than 10 miles east of their former suburban home. "Our lives centered around the kids, so we had a house with a big yard in an area with good schools," says Naomi, 59. "When our younger child left for college, Mark suggested we look at Boston proper."

"I love it here," raves Mark, 58. Like the majority of today's empty nesters, both Pauls still work, he as a regional sales manager for an engineering firm, she as a distributor for a nutritional supplement company. (A 2006 report from the Federal Interagency Forum on Aging-Related Statistics noted that 40 percent of women and more than half of all men 62 to 64 were still working.) After years of commuting by car, Mark revels in his newfound ability to "walk to work in eight minutes and stop for an espresso on the way." The Pauls have become involved in a local synagogue and neighborhood association and, Mark says, "whenever I walk to my condo, I bump into people I know."

Naomi and Mark also say that their embrace of urbanism has made an already-good marriage even better. "We're much more spontaneous now," says Naomi. "The second we go downstairs, we're in the middle of tumult and action. We love exploring the city—it's vibrant, it's fun, and our life is much richer."

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How to Be Happier When the Kids Are Gone

Couples who maintain a strong connection during the child rearing years find it easier to adjust when the kids leave. To keep your marriage robust:

1 Stay friends. "Those who study marriage know that over the long haul, it's the friendlike, partnering quality of the relationship that determines its success," says Robert Levenson, Ph.D., a professor of psychology at the University of California, Berkeley. "Invest in that aspect of your marriage. Maintain a mutual respect."

2 Strengthen what you have in common. "The best marriages have what I call 'broad-based compatibility,'" says Neil Clark Warren, Ph.D., a clinical psychologist and founder of eHarmony.com. The pre-empty nest years are a good time to strengthen those connections or find new ones. "It can be bowling, bicycling or saving the whales," says Dr. Warren. "If it's been years since you thought about spirituality, perhaps that's something else to share."

3 Let go of the past. "One of the challenges of a marriage's later years is to let go of past disappointments and move on," says Claudia Arp, coauthor, with her husband, of *10 Great Dates for Empty Nesters*. "Clean the slate. Renew romance and the sexual relationship. One of the most positive things you can do is take a marriage-education course to teach you new skills just before the last child is ready to leave."

4 Reach out to your spouse. The smallest gestures of tenderness can have a huge strengthening effect on a marriage. "Get away for two days with your spouse," advises Dr. Warren. "See a movie that makes you both laugh. Reach out and touch when you're in the car. Ask a meaningful question—*How's everything going at work?*—then genuinely listen to the response. Listening is a powerful way to connect."

5 Find time for each other. "Adolescents sleep until noon," Arp points out. "You could have a standing Saturday morning couples breakfast—and be back before your teens even wake up."

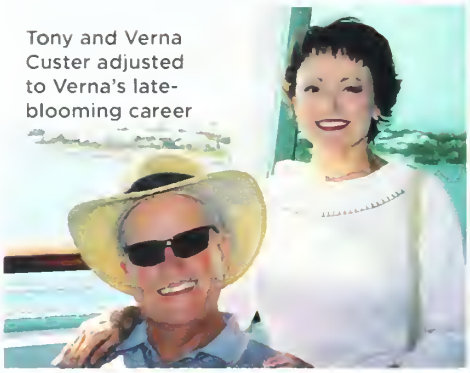
has to steer and someone else has to pull lines and tack. We're both new to it, so our abilities are even. And after you anchor for the day, it's just the two of you. No phones, no TV, just watching the sunset and talking. It gives us a peaceful connectedness."

Cathy retired as a teacher two years ago and Dick plans to stop working within the next two. After that, the couple may buy their own boat and take even longer journeys. "We have no models for this," says Cathy. "My dad died at 46, and Dick's parents worked until they died. We never knew this phase of life could be so good."

Trading PLACES

ONE OF THE BIGGEST CHANGES, AND CHALlenges, for many couples is the role reversal that the empty nest may produce. "A lot of women, especially those who've been stay-at-home moms, may feel that now's the time to go back to work or school," says David Arp, coauthor, with wife Claudia, of *10 Great Dates for Empty Nesters*. "Their husbands, meanwhile, are saying 'let's slow down.'"

These divergent desires can cause problems, but for Verna and Tony Custer of Katy, Texas, the transition has been smooth. Verna, 56, was content to put her own career on the back burner while raising two daughters. She quit her teaching job after her first was born in 1978, and years later began working a few hours a week for Weight Watchers (she'd joined in the 1980s). She turned down several opportunities to move into management because "my first priority was my girls." Then, in 1999, her younger child left home. Shortly afterward, Verna got another offer, and this time she didn't hesitate. "It was a bit frightening, but I felt like I should go for it. The last 22 years had been my kids' time—this was *my* time."



Tony and Verna Custer adjusted to Verna's late-blooming career

The first job led CONTINUED ON PAGE 97

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Understand the risks. See the benefits.

What should I know about NSAIDs?

When it comes to relieving arthritis pain, you may think some prescription NSAID pain relievers, like ibuprofen and naproxen, don't have any cardiovascular risks. But based on the available research, that's not clear. And if you look closer, the FDA requires all these NSAID pain relievers, including Celebrex, to have the same cardiovascular warning.

What about heart attack or stroke?

Any prescription NSAID, including Celebrex, may increase the chance of heart attack or stroke, which can lead to death. This chance increases if you have heart disease or risk factors for it, such as high blood pressure, or when NSAIDs are taken for long periods.

How do NSAIDs affect my stomach?

All NSAIDs, including Celebrex, also increase the chance of stomach and intestine problems, such as bleeding and ulcers, which can occur without warning and may cause death. With any of these medicines, patients also taking aspirin and the elderly are at increased risk for stomach bleeding and ulcers.

What does this mean for Celebrex?

While all NSAIDs have some of the same warnings, they all treat arthritis pain. But since individual results may vary, having options is important. An NSAID, like Celebrex, may be one option. In fact, prescription Celebrex has never been taken off the market. Based on the available data, the FDA stated that for certain patients Celebrex's benefits outweigh the risks. But only you and your doctor can make that decision.

What are the benefits?

In clinical studies, a lower percentage of patients on Celebrex reported indigestion, abdominal pain and nausea versus prescript ibuprofen and naproxen. Celebrex can be u with low-dose aspirin. Other prescription NSAIDs aren't generally recommended with aspirin.

What does it do for arthritis pain?

Celebrex relieves arthritis pain, stiffness an inflammation. Just one 200 mg dose provid 24-hour relief.

Any other precautions?

Use at the lowest dose possible for the shor time based on treatment goals. Do not take Celebrex if you're pregnant or have had alle reactions to aspirin or sulfonamides. All NS including Celebrex, increase the chance of serious skin reactions. And tell your doctor you've had kidney or liver problems.

What next?

For many with arthritis pain, not treating is an option. Talk to your doctor about Celebrx and see what's right for you.

Visit www.celebrex.com or call 1-888-celeb But most importantly, your doctor can tell you about the risks and benefits of all NSAID pain relievers.

Please turn page to see important information about Celebrex and other NSAIDs.

Talk to your doctor to...Understand the risks.

Uninsured? Need help paying for medicine? Pfizer has programs that can help, no matter your age or income. You may even qualify for free Pfizer medicines. Call 1-866-706-2400. Or visit www.pfizerhelpfulanswers.com.

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Understand the risks
See the benefits
Understand the risks. See the benefits. Understand the risks. See the benefits. Understand the risks. See the benefits.

CELEBREX®
celecoxib capsules

Medication Guide
for Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

(See the end of this Medication Guide for a list of prescription NSAID medicines.)

What is the most important information I should know about medicines called Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)?

NSAID medicines may increase the chance of a heart attack or stroke that can lead to death.
This chance increases:
- with longer use of NSAID medicines
- in people who have heart disease

NSAID medicines should never be used right before or after a heart surgery called a "coronary artery bypass graft (CABG)."
NSAID medicines can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Ulcers and bleeding:
- can happen without warning symptoms
- may cause death

The chance of a person getting an ulcer or bleeding increases with:
- taking medicines called "corticosteroids" and "anticoagulants"
- longer use
- smoking
- drinking alcohol
- older age
- having poor health

NSAID medicines should only be used:
- exactly as prescribed
- at the lowest dose possible for your treatment
- for the shortest time needed

What are Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)?
NSAID medicines are used to treat pain and redness, swelling, and heat (inflammation) from medical conditions such as:
- different types of arthritis
- menstrual cramps and other types of short-term pain

Who should not take a Non-Steroidal Anti-Inflammatory Drug (NSAID)?
Do not take an NSAID medicine:
- if you had an asthma attack, hives, or other allergic reaction with aspirin or any other NSAID medicine
- for pain right before or after heart bypass surgery

Tell your healthcare provider:
- about all of your medical conditions.
- about all of the medicines you take. NSAIDs and some other medicines can interact with each other and cause serious side effects. **Keep a list of your medicines to show to your healthcare provider and pharmacist.**
- if you are pregnant. **NSAID medicines should not be used by pregnant women late in their pregnancy.**
- if you are breastfeeding. **Talk to your doctor.**

What are the possible side effects of Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)?

Serious side effects include:	Other side effects include:
• heart attack • stroke • high blood pressure • heart failure from body swelling (fluid retention) • kidney problems including kidney failure • bleeding and ulcers in the stomach and intestine • low red blood cells (anemia) • life-threatening skin reactions • life-threatening allergic reactions • liver problems including liver failure • asthma attacks in people who have asthma	• stomach pain • constipation • diarrhea • gas • heartburn • nausea • vomiting • dizziness

Get emergency help right away if you have any of the following symptoms:
- shortness of breath or trouble breathing
- chest pain
- weakness in one part or side of your body
- slurred speech
- swelling of the face or throat

Stop your NSAID medicine and call your healthcare provider right away if you have any of the following symptoms:
- nausea
- more tired or weaker than usual
- itching
- your skin or eyes look yellow
- stomach pain
- flu-like symptoms
- vomit blood
- there is blood in your bowel movement or it is black and sticky like tar
- skin rash or blisters with fever
- unusual weight gain
- swelling of the arms and legs, hands and feet

These are not all the side effects with NSAID medicines. Talk to your healthcare provider or pharmacist for more information about NSAID medicines.

Other information about Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)
- Aspirin is an NSAID medicine but it does not increase the chance of a heart attack. Aspirin can cause bleeding in the brain, stomach, and intestines. Aspirin can also cause ulcers in the stomach and intestines.
- Some of these NSAID medicines are sold in lower doses without a prescription (over-the-counter). Talk to your healthcare provider before using over-the-counter NSAIDs for more than 10 days.

NSAID medicines that need a prescription

Generic Name	Tradename
Celecoxib	Celebrex
Diclofenac	Cataflam, Voltaren, Arthrotec (combined with misoprostol)
Diflunisal	Dolobid
Etodolac	Lodine, Lodine XL
Fenoprofen	Nalfon, Nalfon 200
Flurbiprofen	Ansaid
Ibuprofen	Motrin, Tab-Profen, Vicoprofen* (combined with hydrocodone), Combunox (combined with oxycodone)
Indomethacin	Indocin, Indocin SR, Indo-Lemmon, Indomethagan
Ketoprofen	Oruvail
Ketorolac	Toradol
Mefenamic Acid	Ponstel
Meloxicam	Mobic
Nabumetone	Relafen
Naproxen	Naprosyn, Anaprox, Anaprox DS, EC-Naproxyn, Naprelan, Naprapac (copackaged with lansoprazole)
Oxaprozin	Daypro
Piroxicam	Feldene
Sulindac	Clinoril
Tolmetin	Tolectin, Tolectin DS, Tolectin 600

*Vicoprofen contains the same dose of ibuprofen as over-the-counter (OTC) NSAIDs and is usually used for less than 10 days to treat pain. The OTC NSAID label warns that long term continuous use may increase the risk of heart attack or stroke.

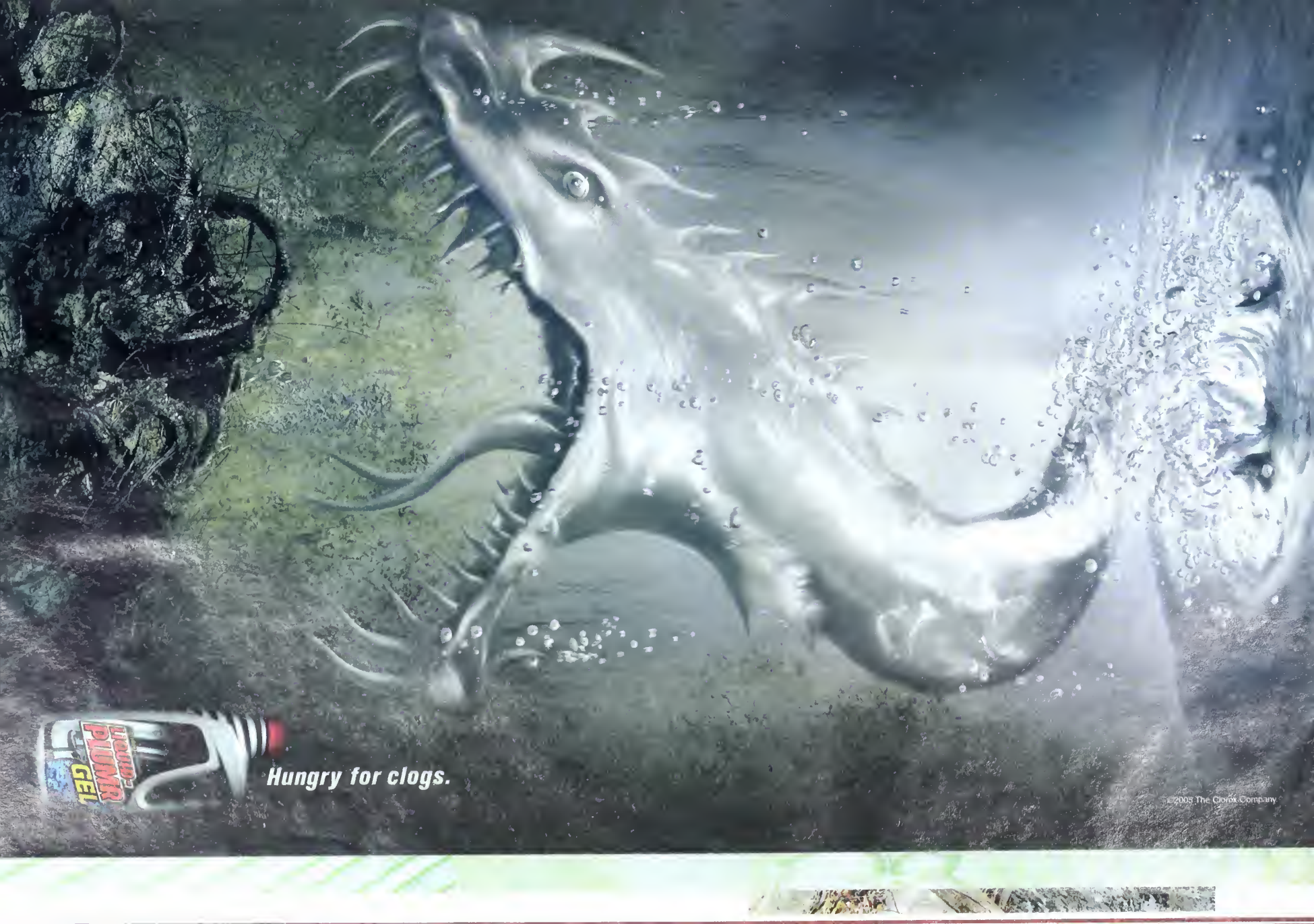
This Medication Guide has been approved by the U.S. Food and Drug Administration.

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Hungry for clogs.
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ADVERTISEMENT



Let 'em Play

Don't let stains get in the way of your summer fun.

Kids have a way of making playtime messy, especially in the summer. Whether it's soil from a backyard expedition into the secret life of earthworms, a winning slide into home plate or an art project that wandered from paper to shirt, kids getting messy is bound to happen.

Allowing your kids to be free to explore, play and create has countless benefits. Unfortunately, as every mom knows, when you let kids be kids, that inevitably means more loads of laundry.

When it comes to stains, Harold Baker, aka Dr. Laundry, senior scientist in the laundry division at The Clorox Company and writer of www.drlaundryblog.com, has seen it all. "It's amazing how more fun seems to equate to more stains," he says. "That's why I try to give moms the tools to take their minds off stains so they can enjoy the season."

For quick help for some of summer's most common stains, call Dr. Laundry's Summer Stain Hotline at (866) STAIN-411.

NI-3

Tough grass stain on your white cotton shorts got you stumped?

Dr. Laundry suggests pretreating the stain with Clorox® Bleach Pen™ Gel before washing with Clorox® Regular-Bleach and detergent in the hottest water recommended for the item. Before you toss the shorts in the dryer, make sure the stain is completely out, as drying a stain can set it for life.




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Fresh Step
Scoopable
Odor Eliminating Carbon
It's hard to find your litter box if you can't smell it.
freshstep.

to a second, as assistant to the manager of Weight Watchers in Houston. "My work brings me a respect–professional, intellectual–that I didn't get raising a family," Verna says. "It's so rewarding to put my talents to use outside the home."

But as Verna's ambitions grew, those of her husband, Tony, 56, were shrinking. In 2005 he retired from his job as a chemical engineer. "That frightened me," Verna admits. "I certainly didn't want to stop working. But Tony's been great–he shops for groceries, cooks three nights a week and does his own laundry."

His wife's new focus on career, says Tony, is "no surprise–she's sharp and I knew she could do anything she wanted to do."

Both Custers say their marriage is stronger than ever, though there are moments, Verna says, when she senses a wistfulness in her husband. "I think he'd like for me to slow down and be with him more." But she has no plans to quit. "I was joking with a coworker last night I might still be doing this at 85," she says. "I'm really happy right where I am."

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Will you be able to afford to retire? Find out about saving for the golden years at **www.lhj.com/nestegg**



For Beth Isikoff and John Huerta, the empty nest has meant renewed intimacy

Hello STRANGER!

BETH ISIKOFF HAD FRIENDS who panicked as their kids left for college because they feared they'd have nothing to say to their husbands. When Beth, 55, a vice president of sales for a software company in Atlanta, saw her daughter off, two years after her son's departure, she had no such qualms. "I love my kids," she says, "but I was *so* ready."

It wasn't as if the kids were not the center of her life. "For years we had a joke," says husband John Huerta, 57, a retired middle school assistant principal who is now a private mediator. "I'd say, 'Do you remember when we used to be in love?'" The "used to be" was a nod both to the blissful early days of their marriage and the inevitable change once kids arrived. The question was good-humored, but "every six months or so we'd have the 'what about me' fight," John says. "I felt like Beth's priorities were our son and daughter, then her mother, then the dog . . . and then me." Now, with the kids out of the house and the dog recently deceased, he jokes, "I've moved up the food chain."

"Even if we're just watching TV, my attention is only on him," agrees Beth, "and he loves it."

Nor is all the action on TV. "When your kids are little, you're so busy taking care of their needs that sex often becomes something you fit in when you have some time and some privacy," Beth says bluntly. "But when they're gone, there's no forcing, because the opportunities are always there, and the energy that went into parenting can go toward reconnecting with your spouse. We have time now to explore, to get more creative and have fun together. It has an even greater value than ever because there's so much more closeness and comfort.

"I miss my children," she continues, "but I don't *long* for them, and the house doesn't feel empty." Her voice is positively joyous as she says, "We're loving this! We're loving the freedom: Not having to have dinner waiting at home for someone, not worrying if someone is in trouble because he missed curfew, being able to walk around the house with no clothes on. We've started having a cocktail hour, and we sit and talk. I actually said to one of my girlfriends, 'Now I remember why I fell in love with him.'"



Risk-Free Super Savings

If you've always asked yourself if a savings plan can be both safe and yield healthy returns, we've got good news

When it comes to savings, most of us are risk averse, yet by just squirreling money away in traditional accounts we may be short-changing ourselves of the higher growth we could reap if we put our money elsewhere. Fortunately, even in our high-risk times there are rewarding low-risk options. "Right now is an especially good time to grow your money safely," says Barbara Archer, a certified financial planner in St. Louis, "because there are ways to all but eliminate risk while earning a respectable five percent or so on your money."

That's because many of the safest options are tied closely to the official interest rate set by America's central bank, the Federal Reserve. At the moment, interest rates are relatively high, while inflation is only inching upward, which means that you can get great returns. Read on to find the best places to stash your cash.

Treasury Securities

Backed by the U.S. government, Treasury securities, mostly sold in a minimum denomination of $1,000, are the ultimate low-risk investments. Of course, such safety usually comes at the cost of higher returns. Earlier this decade, Treasuries, which tend to move up and down in tandem with the Federal Reserve rate, paid a paltry 1 to 2 percent interest. Currently, however, thanks to competitive economic conditions, you can make between 4 and 5 percent. The rates, which are fixed, vary depending on when the Treasury is set to mature—anywhere from one month to 30 years, with options in between. CONTINUED

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Plant Sterols & Heart Disease — Foods containing at least 0.4 g per serving of plant sterols, consumed twice a day with meals for a daily total intake of at least 0.8 g, as part of a diet low in saturated fat and cholesterol, may reduce the risk of heart disease. A serving of Minute Maid Heart Wise contains 1 gram of plant sterols. LDL "bad" cholesterol was reduced in a study of people with normal to borderline high total cholesterol who consumed 2 servings of Minute Maid Heart Wise per day with meals for 8

Bear in mind that inflation can be a killer for most Treasuries. Say you buy a 10-year note that pays 5 percent interest. If inflation shoots up to 6 percent (from its current rate of approximately 2.5 percent), suddenly you're losing money. One solution: Purchase I Savings Bonds, on which your interest rate adjusts every six months to reflect changes in inflation. These pay slightly lower interest rates (currently, 4.5 percent versus 4.6 percent on a 30-year Treasury), but you'll have built-in inflation protection. To avoid fees, buy these directly at *www.savingsbonds.gov*.

INVEST AT YOUR OWN RISK

These supposedly safe bets don't necessarily pay off—and can even cost you money.



BLUE-CHIP STOCKS

Investing in the stocks of large established companies whose names you recognize sounds secure. But every company that's big and old isn't necessarily doing well financially. If you'd had stock in General Motors, Home Depot or Pfizer for the past five years, you would have lost money.



BONDS

A bond is an IOU, so its value depends entirely on who is supposed to be paying you back: The U.S. government is a pretty safe bet. But if your debtor is a specific city (as with a municipal bond), you're running more risk. And the safety of bonds from corporations ranges vastly—whence the term "junk bond." One way to check the safety of a bond: Find out what score the issuer has received from rating agencies such as Fitch and Moody's; AAA is best, C is worst.



ANNUITIES

These financial instruments offer a guaranteed monthly check throughout your retirement, just like a pension. But annuities are also very complicated products—part investment, part insurance—and there can be pitfalls in the fine print. For example, they tend to provide a menu of different benefits, but each one you choose has to be paid for, which eats into your earnings.

Certificates of Deposit (CDs)

Since people with bank accounts can close them at any time, banks can't rely on having the use of that money. Thus they offer you the option of putting money into a CD, which stipulates a period of time that the bank gets to "keep" the money. For that privilege the bank pays you a higher interest rate than you'd get on a savings account. CDs are generally insured by the Federal Deposit Insurance Corporation (FDIC) for up to $100,000.

You can get CDs with a variety of maturity lengths, from one month to five years or more. The rates banks pay vary widely, so shop around: Recently First Federal Savings and Loan was paying 5.25 percent on a one-year CD, while Wachovia offered just 3 percent for the same product. The downside? CDs tie up money and often lock you into a specific rate. If you need cash before a CD's maturity date, you may have to pay early-withdrawal penalties.

Online Banks

Many online institutions pay 5 percent interest on savings accounts and up to 3 percent on checking accounts. By contrast, the average interest on savings at a brick-and-mortar bank is 0.6 percent and on a checking account, just 0.1 percent! Why the difference? Online banks have less overhead and offer fewer services.

There are Internet-only banks—such as ING Direct and NetBank—but your best option may be what's known as a "brick-and-click." This is the online arm of an established bank—Citibank Online and HSBC Direct are examples—although the accounts are separate. Because brick-and-clicks compete with pure online banks, they tend to match their rates but still provide you the security and convenience of physical branches where you can make deposits in person. Plus you'll have access to a network of ATMs, although your privileges will likely be limited, even at your bank's branches—typically to six transactions a month—unless you pay extra.

Money Market Deposit Accounts (MMDAs)

These FDIC-insured bank accounts don't always offer quite as much flexibility as simple savings accounts but currently pay from 3 to 5 percent interest. And unlike Treasuries or CDs, they offer a rate that fluctuates with the prevailing interest rates.

MMDAs usually require you to maintain a minimum deposit, often at least $1,000, but you can withdraw your money at any time. Frequently you can write checks against your account (though your are usually limited to three per month). When you open MMDAs and CDs, consolidate your savings, since the interest rate for a large lump sum is often higher than it would be if you split the money into smaller accounts.



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(the hardest part will be naming your flavor.)

Marble Mix'ins





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Rich almonds. And new golden flakes with a lighter crunch.
It's the select ingredients that make our cereal taste so special.
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More than a single serving



A Patriotic Porch

Family Get-Togethers

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SITTING PRETTY

Decorate it, and they will come. With just a few touch-ups and add-ons, your porch can be your family's favorite gathering place.

Porches and their furnishings can sure take a beating. There are the elements—sun and wind—to contend with, and also the wear and tear of constant foot traffic. But that doesn't have to be a problem, we discovered, when we set out to spruce up this outdoor space. We started with a durable foundation, covering the porch floor with a few coats of resilient high-gloss exterior oil paint, which holds up well to scuffs and scrapes, in a neutral heather gray that also masks dirt. Then we freshened up the charming vintage wicker seating set with a coat of matte white exterior paint to help protect it from mold and mildew. Next we divided this porch into three zones—one for dining, another where groups can gather to relax, play games and talk, and the third designated for quieter activities such as reading—and pulled them all together with a fresh take on the traditional red, white and blue color palette. Read on to find out how we prettied up this porch with stylish—and kid-proof—accessories.



SETTING THE TABLE

These director's chairs from Home Decorators Collection make ideal seasonal seating. They fold up for easy storage and have rugged canvas covers that pop off quickly if you need to throw them into the wash after a lively ice cream feast. In the center of the table a thick glass IKEA vase serves as a hurricane lamp for a chunky candle—weighted down with white river rocks so there's no chance of it toppling over. And what looks like a pricey tablecloth is actually a striped cotton curtain panel with the tabs cut off.

CONTINUED

PHOTOGRAPHED BY STEVEN RANDAZZO

PRODUCED AND WRITTEN BY KIERAN JUSKA STYLED BY KIERAN JUSKA AND AMY LEONARD

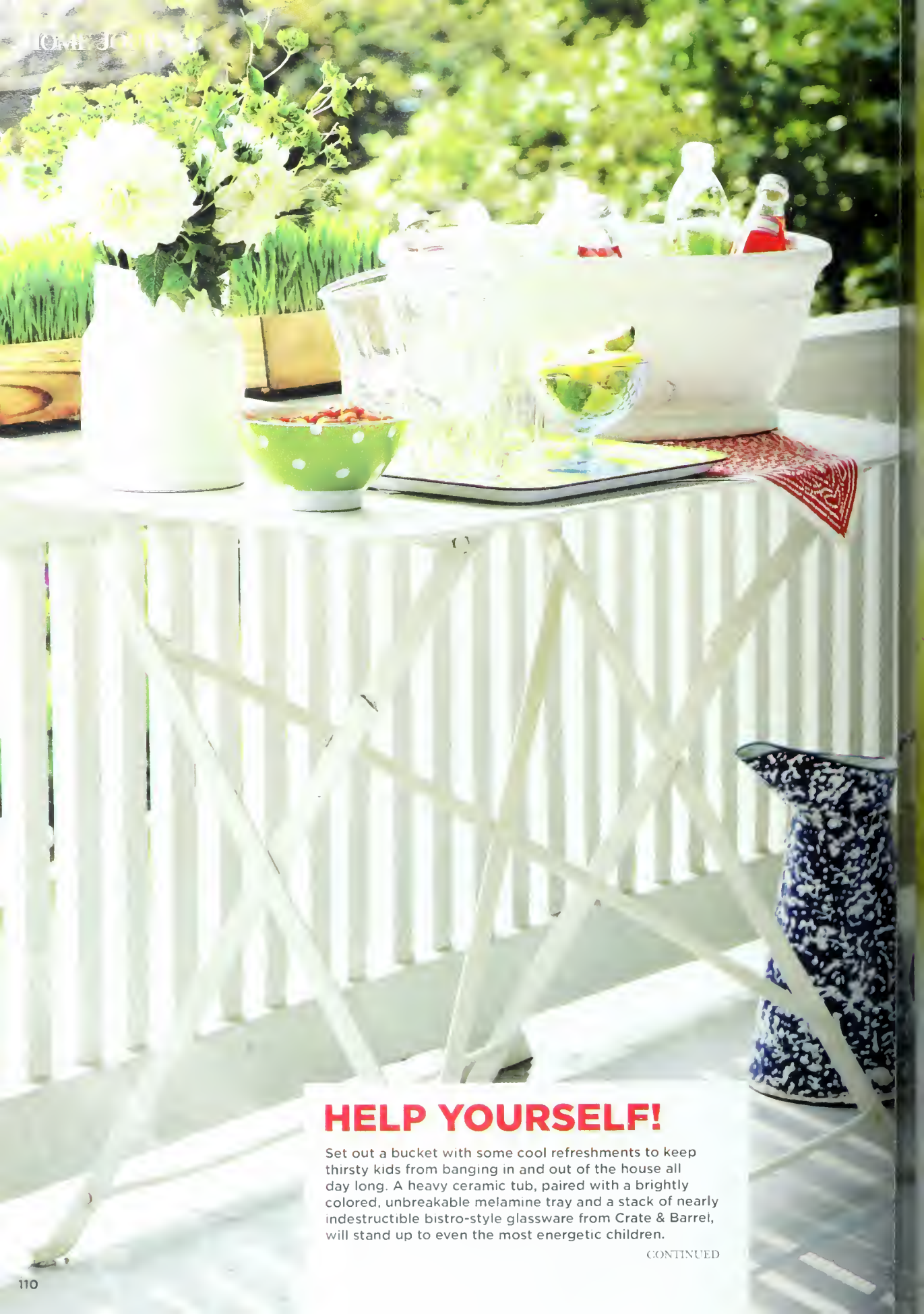


COZY CORNER

To create a comfy spot for reading and other quiet activities, we softened up a classic wooden swing with a long seat cushion and a washable knit cotton throw that's great to wrap around your shoulders on cool summer nights. Large metal buckets placed along the edge of the porch make colorful planters, and overhead, a hanging lantern provides light after sundown.

CONTINUED


BISCOTTI
BREAK
at Home
Now available at
grocery & club stores.
NONNI'S
NONNI'S
NONNI'S
FAMILY RECIPE



HELP YOURSELF!

Set out a bucket with some cool refreshments to keep thirsty kids from banging in and out of the house all day long. A heavy ceramic tub, paired with a brightly colored, unbreakable melamine tray and a stack of nearly indestructible bistro-style glassware from Crate & Barrel, will stand up to even the most energetic children.

CONTINUED

Easy Seal

Flex & Seal lids open easily, lock in freshness.



Easy Clean

Imagine no leftover stains or odor

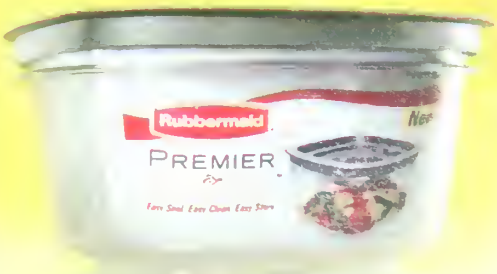


Easy Store

Lids snap to bases and to each other, then nest together neatly.



New Rubbermaid® Premier Containers



We listened to you and created new Rubbermaid Premier Containers. Guaranteed better. Guaranteed for life.

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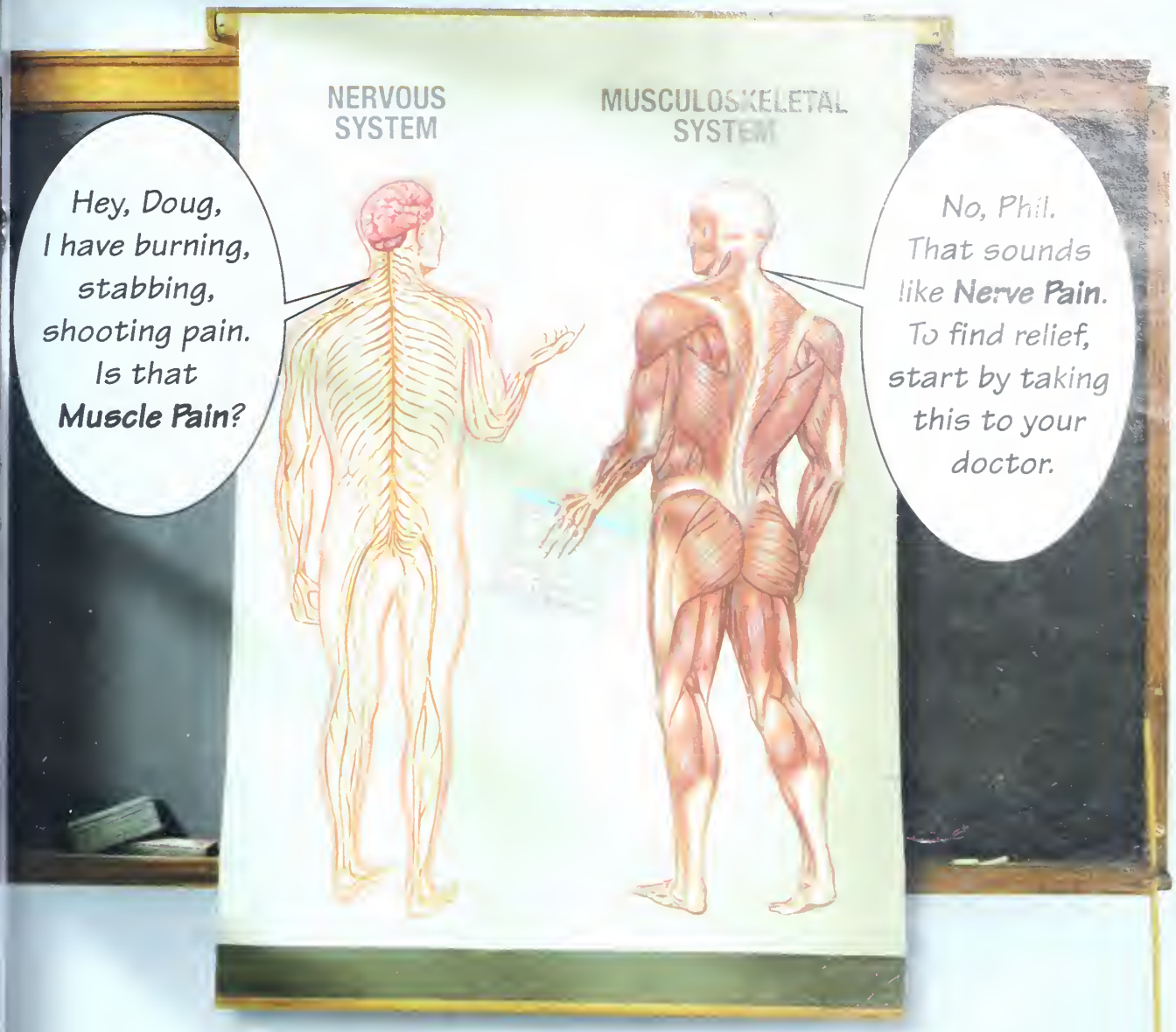
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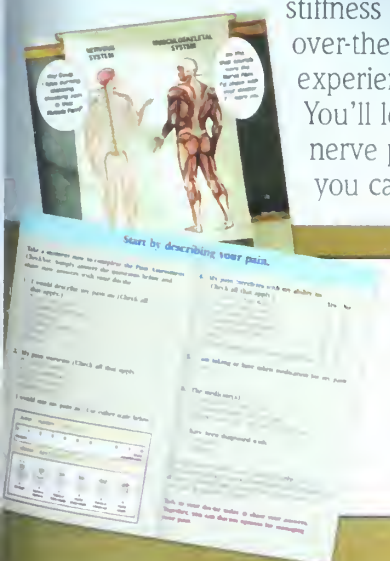
HAVE A SEAT

We re-covered the chair and love-seat cushions in a bright periwinkle-blue fade-, stain- and mildew-resistant outdoor fabric from Sunbrella and threw in a fun mix of checked and striped pillows that coordinate with the porch's patriotic color scheme.

CONTINUED



Doug is right. If you have burning, stabbing, numbness, and tingling sensations, it could be nerve pain. Nerve pain is different from the aching, tenderness, and stiffness of muscle or joint pain — also known as musculoskeletal pain. Common over-the-counter pain medications do not work very well for nerve pain. If you experience the symptoms of nerve pain, get your FREE guide to nerve pain today. You'll learn about your condition. And about a treatment option for two types of nerve pain. You'll also learn how to describe your symptoms to your doctor. So you can find relief.



Get your FREE Nerve Pain Info Kit. Learn about your type of nerve pain. And how to describe it to your doctor.

Mail the attached reply card. Call 1-866-752-7847.
Or visit www.NervePainKit.com

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Where to Find It, page 198







LHJ.com

Bring the outdoors inside: Light up your living space with more super-simple decorating ideas. Click over to **www.lhj.com/homeideas** to get inspired

ABOVE: This sturdy, painted metal game table is positioned between the seating area and the swing—perfect for entertaining or for working on arts and crafts projects on a lazy summer afternoon. The blue- and white-checked runner was fashioned from inexpensive tea towels from IKEA that were stitched together

TOP RIGHT: A cluster of pillows in various patterns and textures—a red-and-white check, quilted green solid and Smith & Hawken's durable blue canvas—all have removable covers that can be tossed into the wash.

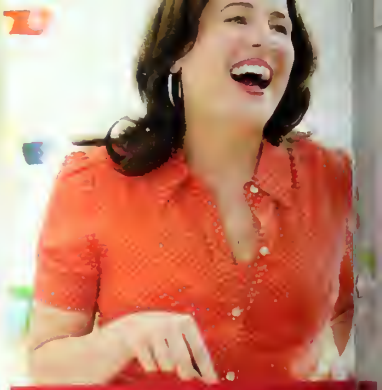
BOTTOM RIGHT: Pulling out the china can be risky when eating outdoors, but there's no need to rely on just paper plates and plastic cutlery, either. Stylish yet sturdy, this combination of vintage blue enamelware chargers and diner-inspired plates from Fishs Eddy is casual yet festive enough for when friends stop by. River rocks with names written on them are unique place cards, and latte cups in bright hues from Asa Selection make for not-so-delicate vases. Small buckets hold gingham flatware from Amazon.com, and the white table runner is deceptively kid-proof—stains from fruit punch, sorbet and other warm-weather treats can be bleached out easily.


Viva

"Bring fireworks to the table."



30 minute prep



Katie Brown, Lifestyle Expert and TV
JELL-O Brand is a proud sponsor of t
Katie Brown Workshop on Public Tele





Patriotic Layers

Prep: 30 min. (plus refrigeration)

1 qt. (4 cups) boiling water
1 pkg. (8-serving size) JELL-O Brand Berry Blue Flavor Gelatin
1 pkg. (8-serving size) JELL-O Brand Strawberry Flavor Gelatin
2 cups cold water
1 cup blueberries
1 tub (8 oz.) COOL WHIP Whipped Topping, thawed
1 cup strawberries, sliced

STIR 2 cups of the boiling water into each flavor of dry gelatin mix in separate medium bowls 2 min. or until completely dissolved. Stir 1 cup cold water into gelatin in each bowl. Refrigerate blue gelatin 1½ hours or until thickened (spoon drawn through leaves definite impression). Let strawberry gelatin stand at room temperature.

ADD blueberries to thickened blue gelatin; stir. Pour into 4- to 6-cup glass bowl. Refrigerate 30 min. or until set but not firm (gelatin should stick to finger when touched). Spread with 3½ cups of the whipped topping; refrigerate. Meanwhile, refrigerate strawberry gelatin 1½ hours or until thickened. Stir in strawberries; spoon over whipped topping layer.

REFRIGERATE 3 hours or until firm. Top with remaining whipped topping. Store in refrigerator.

MAKES 16 servings, about ⅔ cup each. For other great red, white and blue recipe ideas, visit jello.com and coolwhip.com.







Jamie Lee Curtis Opens Up

Princess Diana's Legacy

Fran Drescher's Fight

WWW.LHJ.COM



PLAYFUL ON THE OUTSIDE, INTENSE ON THE INSIDE, JAMIE LEE CURTIS SHARES HER STRONG FEELINGS ABOUT PUTTING MOTHERHOOD BEFORE WORK, STAYING SOBER AND WHY IT'S *NOT* OKAY TO LET YOURSELF GO

"Hello!" comes a voice from above. I look up and see a head popping out of a second story window. "It's me," Jamie Lee Curtis says. "Would you mind moving

SUNNY SIDE UP



your car away from the garage, in case my husband needs to get out?"

I tell her sure thing, enjoying the neighborly feel of the exchange. Her home is on an unassuming street in Santa Monica, shady, blooming with vines, with a sign nailed to a tree at the bend in the driveway: "Caution: Please do not squish the small black dog." (The word "small" has been crossed out, replaced by "chubby.")

Curtis's elder sister, Kelly, emerges from beyond a hedge, introducing herself as Jamie's assistant or, more accurately, "assisteraunt," which is how her business card reads. She introduces me to Frances, the decidedly chubby black mutt, and Henry, a yellow Lab pal, and I'm whisked into the house, a place of high energy, big thoughts, no nonsense, all business and yet, somehow, tremendous warmth.

When I see Curtis I'm taken aback. She's, well, thin. She certainly didn't look like this for her last cinematic outing, 2004's *Christmas With the Kranks*. Not skinny, but very trim, glowing with the healthy good looks of someone who works out and eats smart. Dressed in clingy black, she looks pretty amazing. At 48 she still sports her signature short pixie cut, unabashedly silver. If she wears any makeup I don't detect it, and her only jewelry is a wedding ring—she has been married to actor and "mockumentary" film director Christopher Guest for 22 years—and a necklace medallion etched with the names of her children, Annie, 20, and Thomas, 11.

What do you say to a woman who has lost weight and looks terrific? If you say "you look great!" would it mean you didn't think she looked good before?

Not that she really gives me a chance to say much of anything. "Come on," she says, "let me show you around." She takes my purse. "I love this purse!" she says, slinging it over her shoulder. It's large, in shiny patent leather, vaguely obnoxious but, I thought when I bought it, in a cool kind of way. "Kelly! Look at this!" she says to her sister. Jamie models it and Kelly applauds. Now they both want one. "We could have a club!" Jamie says, inviting me into the sisterhood. After all, the two have obviously shared forever.

By Jeanne Marie Laskas
Photographed by
Melanie Dunea

Born and bred in Hollywood, with famous parents—the legendary Janet Leigh and Tony Curtis—she broke into films in 1978 in *Halloween*, transforming herself over the years by turns into vixen and comic and dramatic actor in such films as *Trading Places*, *A Fish Called Wanda*, *True Lies*, *Freaky Friday*—more than 35 movies in all. Recently she announced her decision to bow out of acting altogether, unless something comes along that's not too time-consuming, shooting close to home and doesn't take her focus away from her family—or her multiple charities. She's keenly devoted to organizations serving the young and the ill, volunteering her time to many groups, including Children Affected by AIDS Foundation, Starlight Starbright Children's Foundation, and What a Pair. It is perhaps with children that she has found her most authentic voice, having written seven popular children's books that have spent as long as 37 weeks on *The New York Times* best-seller list.

I didn't ask for a tour of her lovingly renovated, unpretentious 1920s Spanish-style house, but Curtis takes me through every bright and airy room, stopping short of the bedrooms, which, she decides, might be going too far. Nearly all of the walls feature large framed black-and-white photographs, most of which she has taken.

"Put it this way," she says, "if there was another path for me, I would've been a photographer. I've taken photographs my whole life. Here's my son's and my feet, which I love. My little boy's feet. And me. That's my daughter. She's really developed into an extraordinary dancer. She's a sophomore at a college I can't name. It's somewhere where they grow corn. These are some of my favorite pictures, among the best I've ever taken. My daughter when she was 8. My son when he was a . . . when he was just a little sprite. Kills me."

With zero prompting she talks about being an adoptive mom, about how it was to suddenly hold Annie, and later, Tom, and when I tell her I've got two adopted kids of my own she turns to me with eyes that are pure compassion. "Oh, so you know," she says. "*You know.*"

With that I'm whisked quickly onward, past fish she can't name, a photo of Nelson Mandela she pays tribute to, windows overlooking vines I'm told to note. "You're throwing so much at me so quickly!" I say, breathless.

"That's my job, baby, that's my job," she says. We head back to Kelly, who is in Jamie's office, a converted patio, sunny and gleaming. Kelly is standing over an odd-looking cooler sitting on the floor. "Okay, this," Jamie says, pointing to it, "this is why you have to know me! This is how I know people know and care about me. My girlfriends got me an in-car refrigerator that you plug in. I'm serious. An in-car refrigerator so I can eat lunch in my car in the carpool lane. Because I'm obsessive. I'm the first person in the school line every day. I'm compulsively early.

"I'm also *hyper*-ly aware of time. So, like, given that we have an hour and a half to get to know each other . . ."

She steers me into the dining room where lunch is waiting, a gorgeous spread of poached salmon, rice pilaf, fresh greens and strawberries. I don't get a chance to say much. Jamie Lee Curtis is an entertainer, first and foremost, seemingly determined to show me a good time, and she has a lot on her mind: motherhood, work, fitness, alcoholism, drug addiction, women who work, women too busy for their own kids—a woman she used to be.

"I look back on *A Fish Called Wanda*," she says, scooping up some salmon. "An unbelievably funny movie

> "I had these two kids and I was trying to be a better mother ... yet I was addicted to drugs"

great movie, without question one of my biggest successes. I actually made money from that film. I mean, all of the things that you hope for and want. People say, 'Oh, this must've been the greatest time of your life.' And all I remember is crying in the car to and from the set, an hour drive from London. What I remember about that movie was that my daughter was a baby, 6 months old. There were often days I'd come home and she was asleep already. And I thought what the frick am I doing? My memory of that is horrible. Not that I wasn't grateful for the gig. Not that I wasn't grateful to John Cleese and thank him continually to this day—I send him funny fish presents and say, 'I remember what you gave me. Thank you.' But it doesn't take away from what I knew—knew—at that point what I was doing. And CONTINUED

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Peek behind the scenes of Jamie Lee Curtis's cover shoot. Go to www.lhj.com/jamielee


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yet I couldn't stop myself. And I didn't have a guide. I didn't have a mother saying to me, 'Sweetheart, after this movie, take a year off at least to bond with this baby.'"

No, her own mother led that same frenzied life—movie after movie, a work ethic of the highest order—and Curtis thinks of herself as the less-than-perfect product of it. She was determined, somewhere in the back of her mind, to be a more-present mom for her own kids. She tells me that, at least in the beginning, she failed at that.

"My daughter was not the priority. I would take jobs wherever I had to take them and I would work all the time. You can talk about working for the greater good of the family and all of the spin you want to put on it, and yet I was just following my mother at the expense of my daughter.

"So one day, it was almost as if Annie put her hand up and went, 'Stop in the name of love before you break my heart. Think it *o-over*.'



You know. She was about 8 and she really said, 'Look at yourself.' She said, 'Don't think you're being a good mother just because I look good and I'm a good girl and a good student. Look at the way you're living your life.'

"The only thing children need is their mother. They don't need stuff. They don't need the accoutrements. They need the consistency of their mother. The hard, boring, repetitive, day-in, day-out teachings. I missed all that. I would come in, make a big splash, it all looks good, and then I'm gone. It was like, 'Was she here?' and I wasn't there for the hard stuff just like my mother wasn't there."

Annie's declaration 12 years ago caused Curtis to reevaluate her priorities and become more of the mom she always wished she had. She cut back on work and opened her arms to a newborn son, Tom. She tells me that it wasn't until several years later, however, that she faced her worst demons: alcoholism and drug addiction.

"I sought refuge from what was difficult in life in alcohol and painkillers," she says. "No one knew it. It was that kind of silent escape valve. I kept thinking that I deserved it because I was working so hard and now I had these two kids and I was really trying to be a much better mother and *dat dat dat dat dat dat dat*, trying to keep all the balls in the air, and yet I was still addicted to drugs and alcohol."

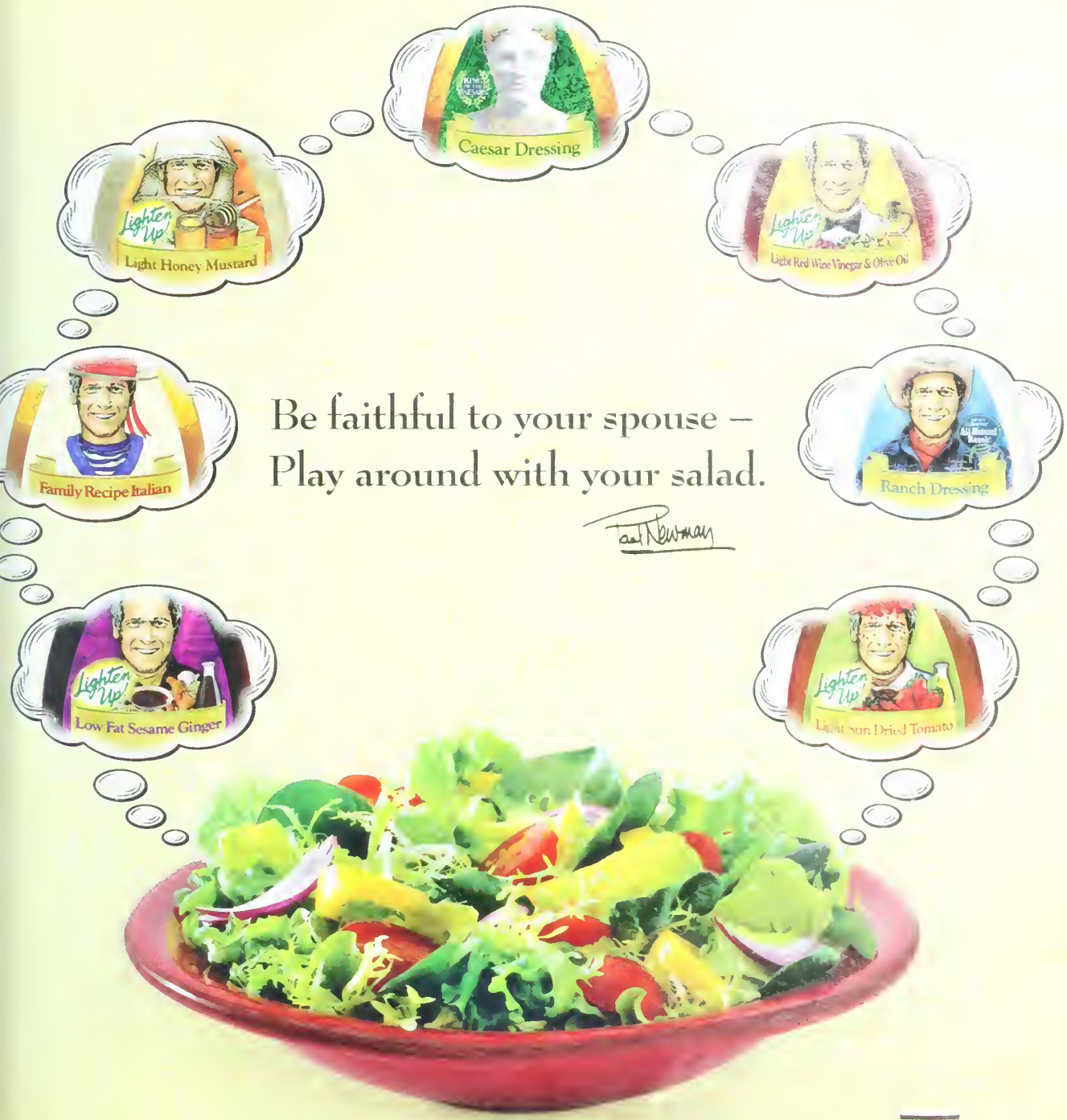
She hit bottom when she began imagining dying this way, leaving her children without a mom. She sought help and found it, conquering her addictions eight years ago. She relates nearly all of the profound changes in her life to her sobriety.

"All of a sudden I realized I exist," she says. "The idea of having your own mind. A mind of one's own, that it isn't your mother's mind, that you're not just aping the family value, or the husband's value. I have a mind of my own. And it has taken me a long time to figure that out. And of course I've done it very publicly. So what happens is you then become the person who ends up developing like the Polaroid in front of millions of people over the course of a career."

She thinks it's ironic that she is so well-known for a 2002 photo spread depicting her less-than-toned self.

"It was misunderstood and continues to be misunderstood a little bit. At the time I might have been two years sober. I put on 20 pounds when I got sober because of all the sugar that you don't get in alcohol I needed in cereal or crackers or something. And at that time I had a young child and I didn't have the free time to dedicate to a kind of more physical life.

"So I think what some people took from those photos was: Love yourself, no matter what. And the problem with that is: What if what you're doing is unhealthy? Are you to accept what you look like kind of in a militant way, like, this is what I look like—stop it! If you're 50 pounds overweight and you have diabetes in your family, was I telling you that's okay? No. But unfortunately what got distilled from this moment was every person who comes up says, 'Thanks a lot for keeping it real.' A lot of people misunderstood me—that being overweight was CONTINUED



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Paul Newman

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okay because that's who you are.

"And the problem is that how many of us are killing ourselves every day? Who here has high blood pressure and is still eating salt and french fries? Who has been told that her liver is enlarged and unless she stops drinking she's gonna end up with liver disease and/or need a liver transplant and/or die? We create senseless acts of violence against ourselves daily. And we live in this amnesia that we're not.

"If I was a doctor today sitting with a woman who says, 'Oh, yes, I smoke.' *You do?! Really?* Then I don't want you as a patient. It's my job to take care of people. But I want to take care of somebody who wants to live."

She's on a tear about this, excited and full-on preaching. She could make a mint as a motivational speaker.

"You know, I say to alcoholic families all the time," she says, "if you want to avoid your 14-year-old child drinking, make sure that you don't drink in front of your 14-year-old child. If your children see that you can celebrate something without alcohol, or mourn the loss of something without alcohol, they will not know that the first thing you do when something good happens to you is pop a bottle of Champagne and/or the first thing you do when someone dies is get a drink. Just don't drink in front of your kids. Right away that can have an effect."

I ask her how she changed her body into the svelte version sitting before me today.

"Just by making healthy choices," she says. "You know, in *Freaky Friday*, the only line I ad-libbed in the whole movie was, 'Make good choices,' when the mommy is dropping the daughter off at school. And I wasn't making good choices.

"Here's the book title. I'll bust it out now and never have to write the book. Ready? *Eat Less, Move More.* Period. Half the book is the eat-less part, half the book is the move-more. Period. Eat less, move more. Period. That's it. We're sedentary. We don't walk enough. We don't drink enough water. We get sedentary, we eat salt all day long. We go to the doctor, we get a blood test. We get a heart test. We get diagnostic tools that medicine has now to tell us how we are, and what do we do? We don't do

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anything. Or we take a drug. And that's not what I'm talking about. Take a drug so you don't have to change. No! I'm saying change. Change it right now.

"So, for me, I've done it under the radar, and I don't want attention for it. I look for no external validation anymore. This is about how I feel. It's about being healthy. I swear to God my cholesterol was, like, 220 or 230 or something. I'm now probably like 160. And I started winning on the tennis court."

She looks at the clock, tells me she knows instinctively—always—what time it is. The photo shoot is to start in a half hour, so we'd better get going. She wants to sign books for my daughters. She stands up, says we have to hurry. She and Kelly lead me into the basement. "This," she says, "is the inner sanctum."

"Yeah, you're not going to believe this—" Kelly says, eyes wide.

The basement is a fortress of organization. Trunks lined up with typewritten labels: Annie's dolls, Tom's sweaters, Chris's shoes. Archives of books, films.

"You ask why God invented me," Curtis says. "Why God invented me was simply to organize. Everything is cataloged, and this is my husband's archive, our archive, everything. And it's constant. Systems excite me. If I get an idea for a new system it's like—"

"Look at her!" Kelly says. "She's excited just thinking about it! She's getting *verklempt!*"

"I am!"

She hands me a second cookie, grabs a Sharpie. We head to the [illegible] another book out of her bag. "This is my trip to Mexico," she says. "I'm so compulsive that within an hour of being home, the 500 digital pictures are downloaded and then by 6 the next morning I've created the iBook." She flips through a masterfully produced hardbound book of a trip taken just two weeks earlier.

"I have more energy than anybody," she says. "That is true. I mean my real genetic gift was, you know, the Energizer Bunny kind of stuff. By the way, I'm like a child. I have all the energy in the world, and then I drop like a light switch. Okay, let's go. We'll take a right out of the driveway."

CONTINUED



We talk in the car, while she navigates. "You know, the one thing I wanted to address about eating is: There is obviously this obsession in this country with people's bodies and I perpetuated that. I feel badly that my early career was so focused on what I looked like and my body. I do regret the message I sent."

"You feel that you contributed in some way to women's need for a perfect body?" I ask.

"Of course I did," she says. "Of course I did. But again I was contributing to it in a genetic form, meaning that it was the currency of my family. The currency of my family was what you looked like. My father was arguably one of the most handsome men, my mother the most beautiful. My mother was known for her incredible figure. My beautiful mommy with her enormous breasts and tiny waist. And my father with his beautiful physique and blue eyes. Elvis copied his hair, you know. So your looks were your currency. And they became my currency, even though for me it was trickier because I obviously was not classically pretty the way my parents were."

We talk about her son. "My son has learning differences and therefore he has a most unique and fascinating mind, and it has been a challenge to find how he learns best. And we are in a great environment for that to happen. He has a great team around him and we are working very hard to help him, as we work very hard to help both our kids."

"Do you think adoption is an issue for your kids?" I ask.

"I think adoption is an issue for everybody at all stages," she says. "There's tremendous loss and great love and great warmth."

We talk about Madonna and Angelina Jolie and the way international adoption has been portrayed, lately, by the media as a kind of fad.

"It's just hateful," she says. "Just hateful. It's just a hateful thing to say. It's obscene to question motive. These are human beings helping other human beings. Period. End of story."

We arrive at the photo shoot five minutes early. "See?" she says, "right on time." We're greeted by some people she knows and others she's just met, and all say some version of the same two things: "Wow! You look fabulous!" And, "You're so skinny!"

She shoots me a glance, comes up to me and whispers: "Do you hear it? That's what I get. All the time." She seems vaguely disgusted by the comment, but also vaguely grateful, a confusing mix of emotions. "I had a friend of my mother's come up to me this Christmas," she says. "She's a dear woman, she has a heart of gold. She came up to me and whispered in my ear: 'You look like you again.'"

> "Am I nothing but a body? Am I nothing but someone who *talks* about her frickin' body?"

It was not, to her mind, a compliment.

"I didn't know what to say. Because the problem is that's what I traded my life on. That's what I get everywhere I go. Everywhere I go. Am I nothing but a body? Am I nothing but someone who *talks* about her frickin' body?"

"No," I tell her, "of course not."

She opens her arms for a hug, says "thank you," and then she's gone.

A few days later she calls me at home. It's a Sunday morning and she just has a few things on her mind. World peace. And the idea that it should be a requirement, in a time of war, that everybody do community service. She talks about World War II and how it must have felt back then to be in a war that the whole country sacrificed for. "It doesn't feel that way now. It feels like a few in the collective are shouldering the burden, both as families of people overseas and the brave men and women who are actually fighting and dying for our country."

She talks about love, what it feels like to know that you're loved. "*Seen and Heard.* There's another book I could write. *Seen and Heard.* There it is. You know? You are your own human being, you have your own mind, your own fears. You have a feeling, and you're allowed to have it."

She talks about being an old lady some day. "My goal as an old lady is to be a grandma. I imagine myself photographing a lot more. I can imagine myself traveling the world, photographing. I can see myself living in solitude. I have found that I am a very quiet person, who needs and cherishes quiet. Peace. Quiet. And I never could own that before. Because I was always running. I was always a people person. But I'm not. I'm really quiet.

"If I'm alone I read. I could do nothing but read for the rest of my life.

"And this," she says, finally, "is where I have to get off the phone to make breakfast for my family. Good-bye. Thank you. Make good choices."



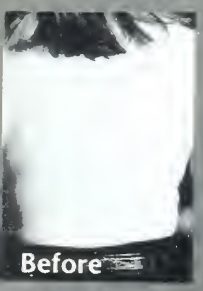
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Bulky fabrics, pinching hooks, unsightly seams, back aches, bra lines, bad fit—what crazy person invented the conventional bra anyway! Tired of dealing everyday with unflattering and cumbersome bras, Amanda Kennedy, a former actress and model, has finally perfected a comfortable flattering bra for real women. It's the end of the line for visible bra lines and the dreaded back bulge—two big fashion faux pas. Amanda designed the ingenious Sassybax™, a cure for the most common problems of old fashioned bras. The Sassybax™ seamless stretch material is made of super smooth microfiber that hugs your body in a slimming silhouette. This fiber will make you look sleeker and thinner as it smoothes and softens any unsightly back bulges.





It's amazing that an actress like Amanda who spent so much time getting noticed invented a product that is meant to be invisible. She spent 11 years guest starring in such shows as *Cheers, Remington Steele, Dallas* and *Hart to Hart*, but as she tiptoed into her 40's, she realized that her clothes didn't look so sleek anymore. Her uncomfortable bra accentuated every bulge. Back bulge is not a woman's fault—it's the bra. Amanda poured herself into helping greater womanhood, not those few who may be blessed with a near perfect shape. Her inspiration came from control top panty hose that Amanda cut, clipped and formed into her first prototype. Then she redesigned a model in the supersoft microfiber that felt like wearing nothing at all, but still offered excellent support even when her full figured DD sized friends tried it on. Now the fashion world is abuzz with Sassybax. It's been raved about by *The View, Good Morning America, CBS News* and *FOX News*. You may have read the great reviews in some prominent publications. The "before and after" video on *Good Morning America* was startling. The host was quoted as saying with Sassybax, "She's completely line free, all the lumps and bumps are gone, she looks terrific."



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Let There Be Light

The easiest—and greenest—outdoor lighting to install can also be the most stylish



It wasn't so long ago that solar lighting was pretty limited, in terms of both style and function. But today solar lights are giving new meaning to catching some rays.

For starters, the range of designs and options available at home improvement stores and online sites has mushroomed. Is your house a Victorian? Extend its 19th-century look to the garden with old-fashioned lantern lights atop posts or along a path. Or you might surround a modern home with sleek, streamlined models. Do you have a pool or deck? Add some fun with quirky animal-themed lights, or even floating ones.

The lights are more affordable now, too. Prices are dropping as the cost of LEDs (light-emitting diodes, the light source used in most solar models) falls. With price tags as low as $30 per unit, solar lighting is an economical way to give your yard a glow.

ALL CHARGED UP

Because solar lights require no wiring, options for placing them are nearly limitless—you can put them anywhere they will get about five hours of daylight daily. A panel made of solar cells within each fixture converts the light to electricity. This charges the battery—even on cloudy days—so the unit will shine when the sun sets. A sensor built into the device turns on the unit when it senses low light levels.

And while the units may be on all night, every night, the bulbs don't need to be changed often. "LED bulbs typically last about 10 years," says Skip Teeters, outdoor lighting merchant for the Home Depot and Hampton Bay. You'll probably want to change the style of the fixture long before the LED becomes inoperable.

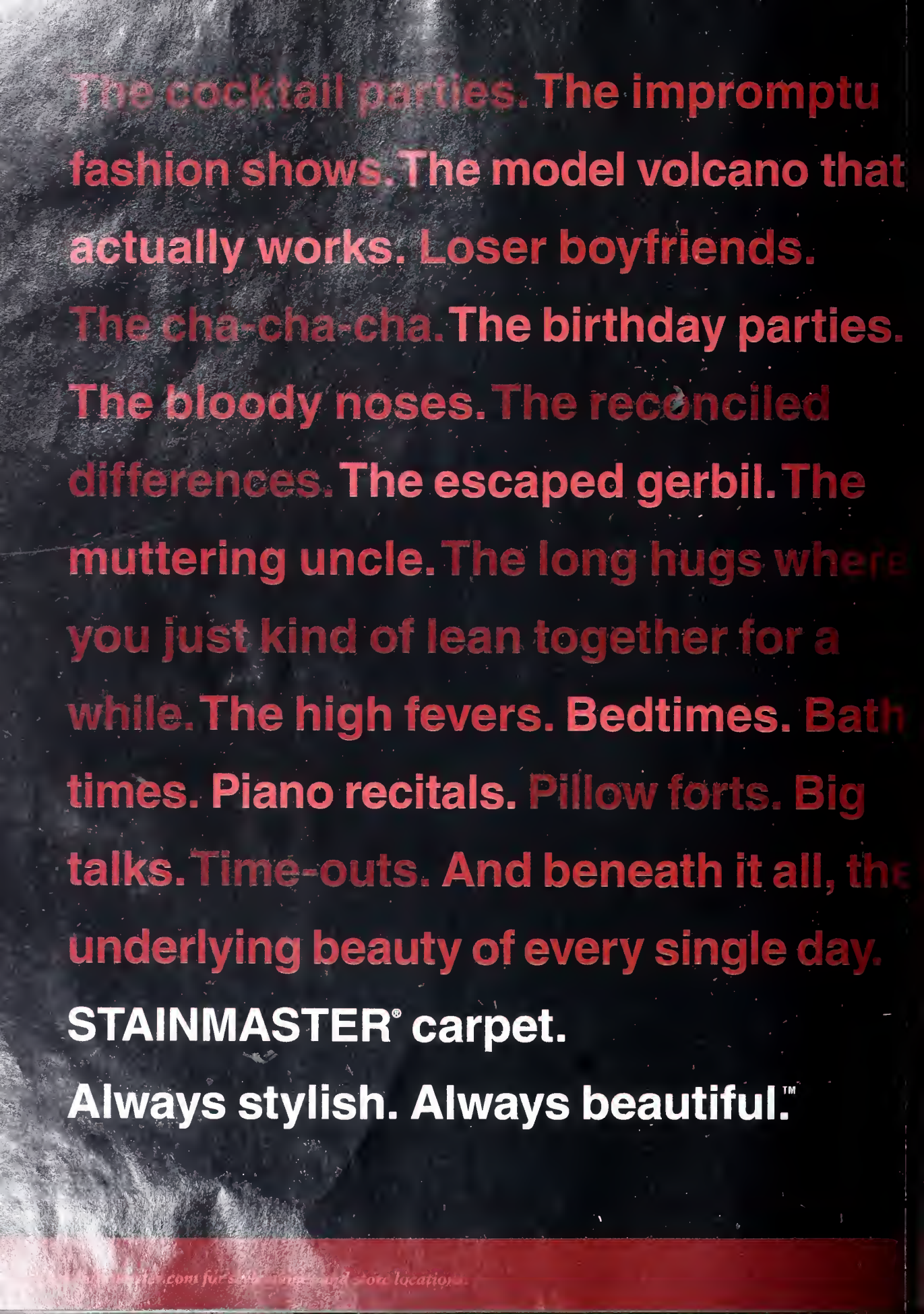
The drawback? LED-powered models are not as bright as the types of outdoor units that use fluorescent or halogen bulbs. But at CONTINUED

By Anne Nieland

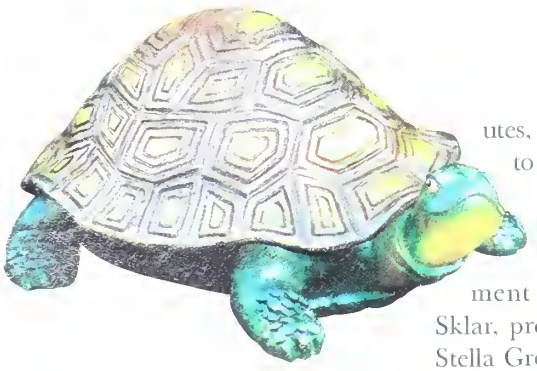




Top to bottom: Suspend these lanterns from stakes or wall-mount brackets, or use them as table ornaments (Smith & Hawken, $29); a crackled-glass work of art that can be practical, too (Rittenhouse, $39.99); this lantern is suitable atop a fence post or on a tabletop (Malibu, $34).


The cocktail parties. The impromptu fashion shows. The model volcano that actually works. Loser boyfriends. The cha-cha-cha. The birthday parties. The bloody noses. The reconciled differences. The escaped gerbil. The muttering uncle. The long hugs where you just kind of lean together for a while. The high fevers. Bedtimes. Bath times. Piano recitals. Pillow forts. Big talks. Time-outs. And beneath it all, the underlying beauty of every single day.
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night, with little competing light, they do shed sufficient illumination to mark a path or put your house's façade on display.

BETTER, BRIGHTER, LONGER

When LEDs were first introduced, they emitted amber-tinted illumination rather than pure white light. Improved technology has changed that. "For the same amount of money, customers are now able to get a whiter light from their solar fixtures than they could six years ago," says Teeters.

The new models sport high-performance cells with more collecting power, allowing for smaller panels and more design flexibility without sacrificing performance. Batteries are more efficient, and new rechargeable ones retain their power better than older units and last for more charge/discharge cycles. As a result, you'll get brighter light longer into the night (many products guarantee up to 12 hours of illumination).

In addition to having photo sensors, some models also come with a manual on/off switch and a motion sensor that turns the unit on with a movement-detecting electronic eye.

EASY DOES IT

Wireless solar units are ideal for illuminating portions of the yard where there's no nearby outlet. Also, you'll find that installation time is minimal. "All you do is pull the battery tab out, assemble the unit and put its post in the ground," says Teeters. In under 30 minutes, you can install enough lights to brighten your entire yard.

Still, there are some considerations. "You have to be careful about placement of each unit," says Scott Sklar, president and founder of the Stella Group, a clean-energy consulting firm. "Think about where shadows are cast during the day." Items like a flagpole, tree branch or patio umbrella can block the solar panel from receiving the sunlight needed to charge the battery each day.

The minimal maintenance the newer models need includes an occasional cleaning of the solar panel and a new battery about every two years.

SUN SPOTS

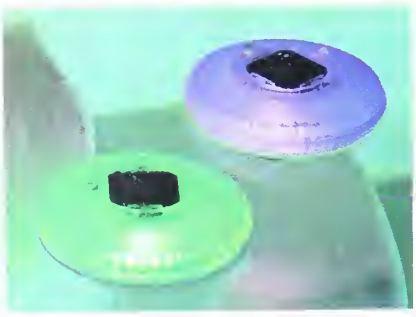
Once your lights are in place, you can give some thought to more solar-powered gadgets for your landscape. There are sun-powered fountains, pond pumps, weather stations, greenhouse vent fans and mole and vole evictors—and that's just a start. Solar energy use is on the rise in the United States, and some hope that within the next 10 to 20 years it will become a major national power source. "With the energy crunch in this country, people are likely to use solar lighting more in landscapes as well as inside their homes," says Teeters.

—Additional writing and reporting by Kristen O'Gorman

Above: Clever turtle light (Malibu, $28). Below, clockwise from upper left: Self-contained spotlight (Smith & Hawken, $59 for two); stepping stone (Backyardstyle.com, $35); traditional post-top lamp (Malibu, $170); path and driveway lights (Frontgate, $59.50 for two); and floating pool lights (Hampton Bay, $26 for two).











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he American Society of Bariatric Surgery s recognized the program at Mills-Pen-sula as a Center of Excellence — which uates with excellent outcomes for patients. earn this honor, the program and physi-ans were required to demonstrate excellent nical outcomes and minimum complica-ons.

he designation also recognizes the compre-nsive services that are included in Mills-ninsula's program. With more than 1,500 rgeries performed over the last seven ars, Mills-Peninsula is one of the most ex-rienced providers of bariatric services in Bay Area.

ills-Peninsula has been a center of inno-tion for bariatric surgery for more than years," says Pamela Foster, M.D. "This ows us to offer our patients not only the nefit of our experience, but also the most vanced approaches and care."

he program provides not only surgery, but complete package of services that focus on the whole per-son, helping people achieve and sustain their true goal — weight loss for life. "We were one of the first area hospitals to introduce a minimal-ly-invasive approach to bariatric surgery," says L. Albert Wetter, M.D., medical director of the program. "I'm enormously proud of the fact we've recruit-ed the finest physicians from the top medical schools and hospitals. Our surgeons' expe-rience comes from their work at places like Harvard and Stanford. They chose to join us at Mills-Peninsula because of our dedication to a team approach and because of our excel-lent reputation.



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Fran Drescher's New Life

What the sitcom star learned about cancer the hard way—so you don't have to



Fran Drescher is concerned about vaginas—my mother's in particular. How is it doing after her cancer treatment, she wants to know?

Let me say for the record that among the many things I don't discuss with my mother, the state of her hoo-hoo is at the top of the list. Nor is it a particularly comfortable subject to talk about here, at a swank New York City restaurant, chowing down with the glamorous Drescher, who's dressed head to toe in Versace and delicately sipping edamame soup.

But Drescher and my mother (and, as it happens, Drescher's mother) had uterine cancer, and then radical hysterectomies—which includes the removal of the uterus, fallopian tubes, cervix and ovaries. My mother had radiation treatments; Drescher herself did not, and mentions the potential side effects, including vaginal dryness. Hence Drescher's curiosity about my mother. "A lot of women suffer," she says. "They really advise you to either have sex regularly or, you know, use a device or something to keep the vagina stretched."

Smiling cheerfully to mask my mortification, I try to imagine an alternate universe in which I might ask my mother about her sex life or other vaginal activity. But this is why 49-year-old Fran Drescher—actress, writer, speaker and now activist for women's early cancer diagnosis—is such an extraordinary spokeswoman: She can talk about even the most intimate subjects with openness, heart and good humor—and a passion born of personal pain.

This June marks seven years that Drescher has been cancer-free—a fitting time for the launch of her new movement, Cancer Schmancer. Named after her 2002 memoir, Cancer Schmancer has one ambitious goal: to raise awareness of all women's cancers to the point where they'll be diagnosed in stage 1 of the disease, when they're most curable. "You know, women have to reprogram themselves," Drescher says. "They really have to pay attention to those early warning symptoms and ask for available tests that can rule out serious illnesses. Cancer Schmancer is the missing link between research for a cure

By Judith Newman

and early detection. And that equals survival."

Drescher was among the lucky ones: Although it took two years and eight doctors to get the correct diagnosis, her stage-1 cancer had not yet spread beyond the endometrial lining of her uterus. But it could easily have been otherwise.

"The doctors were telling me I was perimenopausal," she explains. She went on four different hormone-replacement therapies, but nothing relieved her discomfort. She also had bleeding between periods, a classic sign of uterine cancer, but a doctor pronounced her "too young" for it. "I was thrilled to be considered too young for anything!" jokes Drescher. "But, you know, flattery will get you nowhere when you're slipping between the cracks because you're not the exact correct profile for a disease."

Drescher was relieved when her suspicions were finally confirmed. But she was also furious. "I'd been put on estrogen that actually exacerbated the cancer and caused a lot of bleeding. So many doctors just don't listen to female patients."

"So many doctors just don't listen to female patients"

This is probably why Drescher is so adamant about doctors and legislators listening now. And she is already putting her major objectives—raising awareness among women and helping to shape health policy—into action. This year she lobbied on behalf of Johanna's Law (named for Johanna Silver Gordon, who died of ovarian cancer in 2000), a national gynecologic cancer awareness program to help women recognize cancer symptoms and seek medical help more quickly. "I spoke at Senate hearings and went into everybody's office to get them to sign this bill," Drescher says. "Being a celebrity helped open doors in Washington because people were curious to meet me. But they realized immediately I was a woman on a mission and we got right down to the issues." Her approach worked and the bill passed. The real fight, Drescher believes, will lie in getting [illegible] ultrasound [illegible] can help detect cancer earlier.

So what else is Drescher planning, besides an overhaul of the medical establishment? Well, a boyfriend would be nice. Drescher, who's divorced, is dating again and just met a man who's still in the "friend" box. She is also thinking about becoming a mother for the first time, either through adoption or by retrieving eggs from her ovaries, which she had frozen before her cancer treatment.

But in the next few years she's got plenty of plans: She has already written a romantic comedy that she wants to direct and has a children's book about self-esteem coming out next year. But most important, she is simply hoping to make a difference in the lives of women who will face their own cancer battles. She has every confidence she'll succeed. "The thing I love about this is that I'm not jaded. I haven't been politically involved long enough to know what I can and can't accomplish. I think I can do it all." (For more information, go to *www.cancerschmancer.org*.)

THE IMPORTANCE OF EARLY DIAGNOSIS

Cancer Schmancer's mission is to have all women's cancers diagnosed at stage 1, when they are most treatable and curable. To show what a dramatic difference that could make, here are the four most common women's cancers, the stages at which most women are diagnosed and the corresponding five-year survival rates.

	BREAST CANCER		OVARIAN CANCER		CERVICAL CANCER		ENDOMETRIAL/ UTERINE CANCER	
	% by Stage	5 Year	% by Stage	5 Year	% by Stage	5 Year	% by Stage	5 Year
STAGE 1	44%	100%	19%	92%	47%	93%	58%	98%
STAGE 2	34%	89%	6%	75%	10%	67%	6%	[illegible]
STAGE 3	6%	60%	24%	42%	14%	49%	[illegible]	65%
STAGE 4	4%	21%	25%	17%	10%	15%	[illegible]	27%

Percentages do not add up to 100 because of unknown diagnoses



The People's Princess

On the 10th anniversary of her death, family and friends reflect on her legacy ... and wonder what she might have become had she lived

By Louise Farr

Almost a decade has passed since August 30, 1997, when we heard the first reports that Diana, Princess of Wales, had been gravely injured in a car crash in Paris, along with her companion, Emad Mohamed ("Dodi") Al Fayed. In the first few hours we watched and listened, hoping against hope that Diana would survive; then we lingered in front of our television screens, listening to commentary that tried to help us absorb the reality of her sudden and violent passing.

Lady Diana Spencer captured our hearts in July 1981, when an astounding 750 million people around the globe watched a shy, blushing bride marry Great Britain's heir to the throne, Charles, Prince of Wales, in London's St. Paul's Cathedral. Just 20 years old that day, she became our first modern princess and a media star who launched an international obsession with celebrity that is part of her legacy to this day. She was one of the most photographed women in the world. Later the royal romance went on the rocks, but the public's love affair with Diana never abated.

CONTINUED

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INGS: 16

g. (19.5 oz.) brownie mix
ntainer (16 oz.) KNUDSEN Sour Cream, divided
p thawed COOL WHIP Whipped Topping
sp. powdered sugar
). vanilla
ps cut-up mixed strawberries and blueberries

PREHEAT oven to 350°F. Prepare brownie batter as directed on package; stir in ½ cup sour cream. Spoon into greased and floured 9-inch round cake pan.

BAKE 45 min.; cool 10 min. Remove from pan to wire rack; cool completely.

MIX remaining sour cream, whipped topping, sugar and vanilla. Cut brownie horizontally in half. Place bottom half on plate; spread with half of the sour cream mixture. Cover with top of brownie, remaining sour cream mixture and fruit. Store in refrigerator.



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By the time we tuned in to watch her funeral, the audience had ballooned to 2.5 billion people all around the world. And little wonder: We had followed the drama of her public and private lives—the joys and the heartbreaks. At the time of the crash, soon to be the focus of conspiracy theories, she had been building a new life for herself and her children after her divorce from Prince Charles. We felt that she, and we, had been cheated out of a happy ending.





Far left: Diana Spencer in 1969, at age 7. Left: In 1997 Diana visited a Red Cross orthopedic center in Angola that cared for those who had been injured by land mines

Her sons, whom we watched walking solemnly in her funeral cortège, had been deprived of their mother at a tender age. Prince William was just 15, and his younger brother, Prince Harry, was 12. And she had been robbed of the opportunity to see them through to adulthood and, presumably, their own marriages and children.

"When she died, I couldn't get away from the television. I had to see every moment," says Dominick Dunne, a journalist who has long chronicled the lives of the rich and famous. He first met the princess at Kensington Palace, in the '90s, [illegible] her hand extended to shake his. [illegible] says. "It was that friendly, outstretched [illegible] of the head, the way the other royals greet [illegible] touched me."

Archbishop Desmond Tutu, who met Diana at Buckingham Palace in 1988, agrees. "She was the elegant, warmhearted, beautiful human face of the royal family, who otherwise seemed reserved and aloof," the archbishop says. "She did not seem infallible. She was like the rest of us."

Since the time of her death about half a million visitors have made the pilgrimage to Althorp, the Northamptonshire estate that has belonged to the Spencer family since 1508. Diana grew up there, the aristocratic but lonely child of divorced parents. Her late father was an earl. Her brother, Charles Spencer, who now holds the title, says his most vivid childhood memory of Diana is of her dancing. "The Wootton Hall, which is the first room visitors to Althorp enter, has a wonderful black-and white marble floor," he says. "I can't look at it without remembering Diana spending countless hours there, practicing her tap dancing." Lord Spencer has long stressed that he doesn't want his sister's legacy to be that of an icon. "Diana was a real person," he says. "She was a daughter and a sister long before she was a princess."

He has taken pains to illustrate this point through an exhibition at Althorp. Visitors are fascinated by films his father took "of her baptism, her first steps, her early birthday parties and her passions—dance and swimming," he says. "This footage shows a happy little girl, innocent and carefree. I love to get [illegible] her like that."

As Diana grew up and moved onto the public stage, [illegible] combination of coquetry and glamour gave her [illegible] appeal. "Diana juggled the magic of being [illegible] darkness of being normal, and that was [illegible]," says Ken Wharfe, the former Scotland [illegible] 138

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Yard detective who provided security for the princess from 1987 until 1993 and later wrote the book *Diana: Closely Guarded Secret.*

There was nothing dull about Diana. Her vibrancy changed the world's perception of the British, believes James Fallon, *Women's Wear Daily*'s editor, who ran the publication's London bureau during the years Diana was most influential. Her presence made London a global glamour capital and later fed the concept of "Cool Britannia," Fallon claims. He recounts leaving an event Diana was attending at 11 on a February night only to find hundreds gathered in the cold, hoping for a glimpse of her.





Left: Diana appeared in an attention-getting dress on the day in 1994 that husband Prince Charles announced his affair with Camilla Parker Bowles. Above: She cuddled an HIV-positive orphan in 1991 and transformed perception of the feared disease

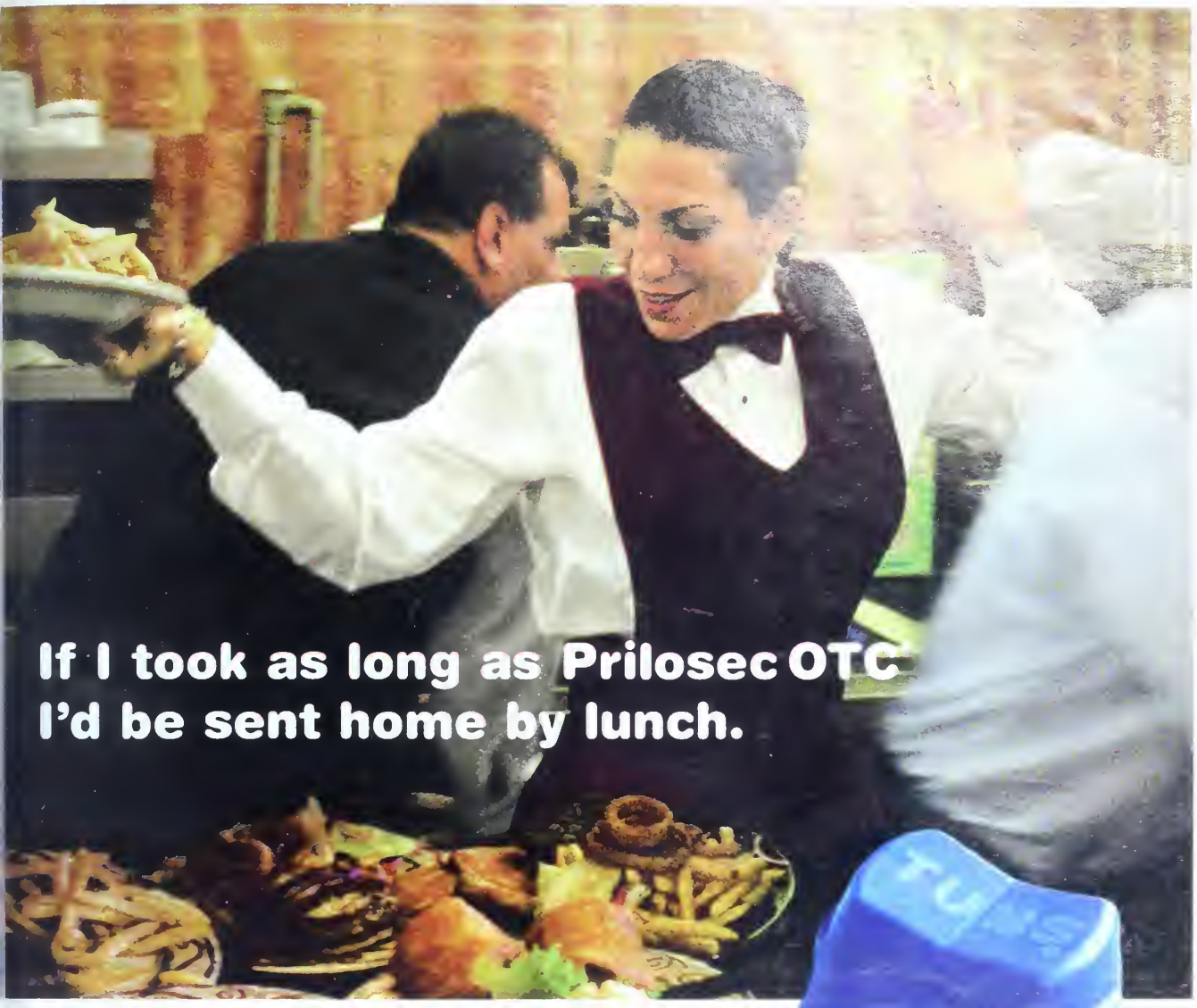
"Covering Diana was like writing about a movie star. She was a celebrity," he says. "The queen wasn't."

And that was the rub for the royal family. "They didn't like her," confirms Ingrid Seward, editor-in-chief of the British magazine *Majesty*, which covers reigning families. "It wasn't simply her popularity that worried them. It was the power that went with it." As Britain's royal superstar, Diana's clout encompassed not only the public's adoration but also the ability to affect world opinion about causes including homelessness, leprosy, HIV/AIDS and land mines.

She didn't just talk about her issues, though. She actually visited lepers and walked through a minefield. "When she cuddled a baby with AIDS and touched those who were affected, this did more to destigmatize HIV/AIDS than all the . . . sermons," says Archbishop Tutu. He works with the Diana Legacy Fund, a U.S. charity formed to help those infected with HIV/AIDS in sub-Saharan Africa.

This summer, on July 1, Diana's birthday her sons, William, 25, and Harry, 22, wi present a Wembley Stadium charity concer featuring entertainment their mother loved including Elton John and Duran Duran. "W wanted a big concert that's full of energy an the sort of fun and happiness I know sh would have wanted," Prince William ha said. Then on August 31, the anniversary o her death, the princes will offer a memoria service in London. "The service will include our mother's and our father's side of the fam ily," Prince Harry has emphasized. (At pres time Prince Charles had announced he woul attend the service but not the concert.)

The Diana, Princess of Wales Memoria Fund, founded after Diana's death t continue her humanitarian work, is one o the birthday concert's beneficiaries. "This was absolutely the princes' idea," says Dr Astrid Honeyman, the fund's president "They're at the center of the event." An other beneficiary is the London group Centrepoint (Prince William is a patron), which helps homeless youth. As a child William visited Centrepoint with Diana. "She dragged me out, and I didn't know what was going on or where CONTINUED



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I was," he has said. "But it's a visit that stayed with me forever."

It's a bittersweet exercise to wonder what kind of woman Diana would be today, had she survived. What causes would she embrace? Gun control? Global warming? Shortly before her death, while staying with her brother in Cape Town, South Africa, she asked him to arrange a meeting with Nelson Mandela. "They agreed to work together to fight HIV/AIDS in sub-Saharan Africa," says Lord Spencer, a trustee of the Nelson Mandela Children's Fund. "Sadly, it was not to be."

As important as Diana's charity work was to her, she was a mother first. She tried to give her children as normal an upbringing as possible. The two boys drove go-carts at home and visited amusement parks. What would she think now, we wonder, about the photo of William at a nightclub, one hand clamped on a young woman's breast, or one of Harry staggering outside another club, that recently surfaced? Our kids' photos might end up on a MySpace page for their friends to see, while shots of the princes hit the front pages of the tabloids and are zapped worldwide on the Internet.

One thing's sure: The royal family was not amused. Within days of being snapped seemingly drunk outside a nightclub, Harry, a second lieutenant with the Household Cavalry, had his image polished with the announcement that he was to be the patron of three new charities. Though it's easy to imagine that Diana would have approved of his doing philanthropic work, it's hard to think she would have been shocked at those particular high jinks.

"That's the dilemma, isn't it?" comments Ingrid Seward, author of the 2003 book *William & Harry: A Portrait of Two Princes*. "By letting the princes be normal and allowing them to go places other people frequent, they attract undue attention—which isn't normal. And further, they're not judged as ordinary people are: they're judged as royal princes." And they are vulnerable to the criticism, says Seward: "They're both more sensitive than people give them credit for. One thing I'm sure of: Those kids blame the paparazzi for contributing to their mother's death."





Above, left: A toddler Prince Harry sticks out his tongue to his mother's surprise, while Prince William, at 6, merely smiles, during an appearance in June 1988. Above, right: In December 2006 Prince William, right, and Prince Harry, at 24 and 22, announce a concert to mark Diana's July birthday and a memorial service for the 10th anniversary of her death.

The harassment continues. Offensive suggestions about Prince William's recent girlfriend, Kate Middleton, accompanied a photo of her that ran in London's *Daily Mirror* shortly before the two broke up.

After her divorce, Diana trod a fine line between protecting herself and her sons from the public and treasuring her independence. Mohamed Al Fayed, the wealthy Egyptian owner of the department store Harrods and Dodi Al Fayed's father, hosted Diana and her sons at his Saint-Tropez estate for a month during the summer of 1997—which reminded some of Jackie Kennedy's retreat into the world of wealth of the Onassis family.

Al Fayed remembers a lot of laughter, as Diana and her sons enjoyed CONTINUED

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Enablex is used in adults to treat symptoms of overactive bladder, including leaks and wetting accidents (called "urinary incontinence"), a strong need to go to the bathroom right away (called "urgency"), and having to go too often (called "frequency").

Important Information: You should not take once-daily Enablex if you have certain types of stomach problems, glaucoma or have trouble emptying your bladder. Side effects of Enablex include blurred vision and more commonly dry mouth, constipation, indigestion, and abdominal pain. Use caution when doing certain activities until you know how Enablex affects you.

Please read the Patient Product Information on the adjacent page. If you don't have prescription coverage and can't afford your medicines, call 1-800-245-5355 or log onto pap.novartis.com. To learn more, call 1-877-3-ENABLEX or visit enablex.com. **Ask your doctor about Enablex.**

Enablex®
(darifenacin)
Life, less interrupted.



PATIENT INFORMATION

ENABLEX *(ĕn-ā-blĕx)*

(darifenacin)
Extended-release tablets
7.5 mg or 15 mg

Rx only

Read the Patient Information that comes with ENABLEX® before you start taking it and each time you get a refill. There may be new information. This leaflet does not take the place of talking to your doctor or other healthcare professional about your medical condition or your treatment. Only your doctor or healthcare professional can determine if treatment with ENABLEX is right for you.

What is ENABLEX?
ENABLEX is a prescription medicine used in adults to treat the following symptoms due to a condition called overactive bladder:
- having a strong need to go to the bathroom right away (also called "urgency")
- leaking or wetting accidents (also called "urinary incontinence")
- having to go to the bathroom too often (also called "urinary frequency")

What is overactive bladder?
Overactive bladder happens when you cannot control your bladder contractions. When these muscle contractions happen too often or cannot be controlled, you get symptoms of overactive bladder, which are urinary urgency, urinary incontinence (leakage) and urinary frequency.

Who should not take ENABLEX?
Do not take ENABLEX if you:
- are not able to empty your bladder (also called "urinary retention")
- have delayed or slow emptying of your stomach (also called "gastric retention")
- have an eye problem called "uncontrolled narrow-angle glaucoma"
- are allergic to ENABLEX or to any of its ingredients. See the end of this leaflet for a complete list of ingredients.

ENABLEX has not been studied in children.

What should I tell my doctor before starting ENABLEX?
Before starting ENABLEX, tell your doctor or healthcare professional about all of your medical conditions including if you:
- have any stomach or intestinal problems, or problems with constipation
- have trouble emptying your bladder or if you have a weak urine stream
- have an eye problem called narrow-angle glaucoma
- have liver problems
- are pregnant or are planning to become pregnant. It is not known if ENABLEX can harm your unborn baby.
- are breast-feeding. It is not known if ENABLEX passes into breast milk and if it can harm your baby.

Tell your doctor about all the medicines you take, including prescription and nonprescription medicines, vitamins, and herbal supplements. ENABLEX and certain other medicines can interact with each other, causing side effects. Especially tell your doctor if you take:
- ketoconazole (Nizoral®) or itraconazole (Sporonox®), antifungal medicines
- clarithromycin (Biaxin®), an antibiotic medicine
- ritonivir or nelfinavir (Viracept®), antiviral medicines
- nefazadone (Serzone®), a depression medicine
- flecainide (Tambocor™), an abnormal heartbeat (antiarrhythmia) medicine
- thioridazine (Mellaril®), a mental disorder (antipsychotic) medicine
- a medicine called a tricyclic antidepressant

Know all the medicines you take. Keep a list of them with you to show your doctor and pharmacist each time you get a new medicine.

How should I take ENABLEX?
Take ENABLEX exactly as prescribed. Your doctor will prescribe the dose that is right for you. Your doctor may prescribe the lowest dose if you have certain medical conditions such as liver problems.
- You should take ENABLEX once daily with liquid.
- **ENABLEX should be swallowed whole and not chewed, divided or crushed.**
- ENABLEX may be taken with or without food.
- If you miss a dose of ENABLEX, begin taking ENABLEX again the next day. Do not take two doses of ENABLEX in the same day.
- If you take too much ENABLEX, call your local Poison Control Center or emergency room right away.

What are the possible side effects of ENABLEX?
The most common side effects with ENABLEX are:
- dry mouth
- constipation

ENABLEX may cause other less common side effects that include:
- blurred vision. Use caution while driving or doing dangerous activities until you know how ENABLEX affects you.
- heat prostration. Heat prostration (due to decreased sweating) can occur when drugs such as ENABLEX are used in a hot environment.

These are not all the side effects with ENABLEX. For more information, ask your doctor, healthcare professional or pharmacist.

How do I store ENABLEX?
- **Keep ENABLEX and all medicines out of the reach of children.**
- Store ENABLEX at room temperature, 59 to 86°F (15 to 30°C). Protect from light.
- Safely dispose of ENABLEX that is out of date or no longer needed.

General information about ENABLEX
Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not give ENABLEX to other people, even if they have the same symptoms you have. It may harm them.

This leaflet summarizes the most important information about ENABLEX. If you would like more information, talk with your doctor. You can ask your pharmacist or doctor for information about ENABLEX that is written for health professionals. You can also call the product information department at 1-888-44-ENABLEX (1-888-443-6225) or visit the website at www.Enablex.com.

What are the ingredients in ENABLEX?
Active Ingredient: darifenacin

Inactive Ingredients: dibasic calcium phosphate anhydrous, hydroxypropyl methylcellulose (hypromellose), lactose monohydrate, magnesium stearate, titanium dioxide and triacetin. The 15-mg tablet also contains FD&C Yellow No. 6 Aluminum Lake.

Appearance
The 7.5-mg tablet is round and white-colored with "DF" on one side and "7.5" on the other side.

The 15-mg tablet is round and peach-colored with "DF" on one side and "15" on the other side.

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their time with his family. "She was a great woman—an angel. No snobbery. No racism. She was away from that terrible environment she had been living in and found us to be a down-to-earth family," he says.

Al Fayed says he had known Diana's family for a long time. He been friends with Diana's father and had supported her charities. Counter-

"There will just be the amazing memory of her as one of the most beautiful women in the world."

That image, frozen in time and undiminished—and often compared with that of Marilyn Monroe, another great tragic beauty—will be bolstered this summer by her sons' concert, and by documentaries and books, including some highly critical ones.



Just four days before her death, Diana struck a lonely pose on a cruise ship on the Mediterranean while vacationing with her companion, Dodi Al Fayed

ing stories that Diana and Dodi's romance was a summer fling, Al Fayed says the two had bumped into each other over the years at polo matches and parties. That summer in Saint-Tropez, Diana and Dodi's friendship grew. "You can't stop two people from falling in love," says Al Fayed.

Not convinced by an official French investigation into the crash, which found that there was no foul play involved, the grieving Al Fayed recently won a legal battle for a jury inquest into their deaths, to be held in London in October.

Lord Jeffrey Archer, author and playwright, has summed up Diana's legacy: "No one will ever think of her as an old person," he has said.

"You know what?" asks Dominick Dunne. "Diana got the last word. She became a legend the likes of which no one in the current royal family has ever been." You'd have to look to history to find her equal, he claims: "Maybe Elizabeth I or Henry VIII. Diana was that sort of figure."

By being both a princess and a woman struggling to put her life together, she became, for those of us on this side of the Atlantic, that irresistible figure of American myth: the heroine who allows us to believe that anything is possible. And we'll always love her for that.

For information on visiting Althorp, Diana's childhood home and final resting place, go to www.althorp.com.

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Rockwell Museum

"Ephemeral Beauty: Al Parker and the American Women's Magazine, 1940–1960," on view through October 27 at Norman Rockwell Museum (*www.nrm.org*) in Stockbridge, Massachusetts, features the glamorous art of Al Parker, including many of his stylish covers for Ladies' Home Journal.

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The No-Judgment Zone

Can you be pro-choice and regret having had an abortion? In the most polarizing debate in the country, Aspen Baker is helping women face their feelings without taking sides



Exhale cofounder Baker gives women a safe place to speak

There was a clock on the wall opposite the hospital bed where Aspen Baker, 23, had her abortion, and she remembers how the minute hand barely seemed to move in the time it took to complete the procedure. A decision she had struggled with for weeks was over in an instant.

Baker, who had always supported legalized abortion, left the Berkeley, California, hospital that day in 1999 clutching information about physical danger signs: fever, excessive bleeding, cramps. But no one told her whom to call if she needed to talk about her feelings. She figured perhaps she was odd for needing such a thing.

Later she learned there were others like her—women who had also wished to confide in someone without having to enter a political debate or hear a moral lecture, who wanted somewhere safe to speak about feelings of guilt, relief, loss, confusion or all of the above, all at once. Baker herself felt alienated by organizations with an overt pro-choice or pro-life agenda. "Neither side," says Baker, now 31, a tall, lean woman with a straightforward gaze, "was talking about what I went through in any way that felt totally relevant."

Unable to find what she was looking for, Baker decided to create it herself, with four other women, in 2002. Today she is the executive director of Exhale, the nation's first and only neutral postabortion hotline. Exhale's cofounders say their free service rests outside the fray of an issue often defined by extremes. Callers receive impartial help to sort through their feelings after an abortion, whether they identify as pro-choice, pro-life or somewhere in between.

Most Exhale callers talk about what led to their decision to have an abortion. The typical caller is in her 20s and though it might be assumed that only pro-choice women get abortions, calls also come from women who always have opposed abortion and yet have had one.

Volunteer counselors undergo training that includes an examination of their own feelings about abortion so they can set aside their personal opinions and truly listen to callers, says cofounder Carolina De Robertis.

How do you respond, for instance, to a caller who says she is pro-choice but still feels that she killed her baby? Or to a woman who believes abortion is wrong but decided to have one?

The first call to 866-4-EXHALE came from a father seeking advice on how to talk to his daughter about her abortion. Today about 300 calls come in monthly from around the country.

Although they come from diverse backgrounds and political perspectives, many callers have nuanced feelings about abortion. Baker's own story is a case in point. She was raised in a conservative California county and went to a Christian school. Although she believed in a woman's right to choose, when she became pregnant shortly after college Baker found that her feelings about abortion were complex—more gray than black and white.

Baker thinks of Exhale as a haven for women to tell their truths, whatever those are, without fear of being told they are wrong. She hopes that one day the world will come to see that talking about abortion nonjudgmentally will mean less pain, and more healing, for everyone.

By Thaai Walker

McCormick

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Lucimarian and Lawrence Roberts (above) and their four children, in 1966. Robin, 5, is in front, in the white dress

The coanchor of *Good Morning America* shares her thoughts on facing fears and how to succeed with grace

A HEART IN THE RIGHT PLACE

By ROBIN ROBERTS

I remember my first morning as coanchor of *GMA*. The announcer said: "This is *Good Morning America* with Charles Gibson, Diane Sawyer and Robin Roberts." There I was, next to Charlie and Diane on camera. I wanted to shout to the TV audience, "I don't know how I got here, either!"

It's not as if I'm the most brilliant person for this job. But I have always believed that you have to put yourself in position for good things to happen to you. Often, the person who catches the break is the one standing there with her arms outstretched at the right moment.

This was a lesson I constantly absorbed playing basketball in high school and college, but I learned it even earlier than that, because my father was in the Air Force and we were always on the move. My three siblings and I were each born in a different state—Ohio, Arizona, Iowa and Alabama. One of Dad's favorite assignments was in Izmir, Turkey, in the late 1960s. My parents were constantly looking for creative ways to educate us, so instead of living on the base with other Americans, they chose an apartment in town. By immersing us in Turkish culture, they opened our eyes to the world and helped us become more tolerant and compassionate.

After two and a half years in Izmir, we moved to Mississippi. It was 1969 and at first we Roberts kids were dead set against the place. But once we settled in, we discovered that the Mississippi Gulf Coast was a wonderful place to CONTINUED ON PAGE 154

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grow up. It was here, in a small Gulf Coast town about 20 miles from Biloxi, that my devotion to sports blossomed.

I was just starting high school, and most of the kids there—it was the only high school in town—had known one another since first grade. It's never easy to break into the tight-knit circle of small-town friendships, but I had two things going for me. First, I was used to starting at new schools, so I wasn't shy. Second, I played basketball. The first time I walked into the auditorium, two of my classmates, Cheryl Antoine and Luella Faircloth, looked me up and down as if to say "who's this?" I was wearing some awful green plaid outfit. Cheryl later said she immediately appraised my 5-foot-10 height for the team.

I quickly wore down any resistance and became a fixture in the school. Cheryl, Luella and I became so tight we called ourselves the "True Blues."

When I started playing basketball in eighth grade, I didn't have to work all that hard because I towered over everybody else. By the time I reached high school, however, I was no longer the tallest player on the court. That's when I learned the importance of positioning. Our coach always emphasized that in order to score, get a rebound or even hit a topspin forehand in tennis, we had to get into the proper position. And to make that happen we had to work our tails off getting situated.

If we were playing a clearly superior team, our coach told us, "Do whatever it takes to keep the score close. Then if you get some lucky breaks late in the game, you can win. If you fall way behind, those lucky breaks won't do you any good." She also stressed the importance of what she called "heart." An opponent could be stronger and have better skills—we couldn't help that. But there was no excuse for not wanting victory as much as they did. *That* is a matter of heart.

I played a lot of basketball in high school and college, but there's one game during my junior year at Southeastern Louisiana University that I'll never forget. We were playing "the big school," which had never lost to SLU. The girls seemed bigger, too—they had a swagger about them that went beyond confidence. They looked at us like we were bugs.

I had a good game, but near the end, we were down by six points. We needed the ball back, so I purposely fouled an opposing player, one of the cockiest girls on the team. She took her place on the free throw line, and as I watched her, I saw that her knees were shaking. A couple of her teammates came up to her and she screeched, "Get away, get away." She was a wreck.

I remember thinking, "Hey, you're not so tough!" I must have been grinning from ear to ear.

And sure enough, she missed the free throws, and we ended up winning the game. *Sweet!*

To this day I apply that coach's principles to every challenge I face. I don't quit the game when I fall behind. I believe that if I hang in there and keep the "score" close, I'll be in a position to benefit from the lucky breaks. I may be consumed with self-doubt, but I can always do something tangible to get myself into position. As I like to say, "Take the shot, even if your knees are shaking."

Below: Robin with her father, Lawrence, who died in 2004. Right: with sisters Dorothy (left) and Sally-Ann watching their mom receive an award for Lawrence, one of the first African-American pilots





My luckiest break by far, of course, was being born to my parents, Lawrence and Lucimarian Roberts. They paved the way for me. In my dad's case, the process began before I was even born. As a young boy in the 1930s, he dreamed about flying airplanes. People told him he was crazy—a black man would never be allowed to fly a plane! But my dad ignored the naysayers and learned everything he could about aviation. He joined the military and became one of the famous Tuskegee Airmen, the first American black air corps which flew 1,578 missions during World War II and never lost a single plane that they escorted into battle.

My mother was a pioneer, too. The first person in her family CONTINUED

Picture Perfect Weight Loss with Hydroxycut





Stacy Stengel used Hydroxycut with diet and exercise to get these results in 20 weeks. Results will vary.

No matter what the occasion, pictures capture the essence of any moment. They also unfortunately capture some of your more unflattering curves. If you'd rather strike a pose than be camera shy, Hydroxycut can prepare you for the next impromptu snap shot. Hydroxycut is America's #1 selling† weight-loss formula because it works, fast. To be exact, key ingredients in Hydroxycut have been shown to help you lose **up to 4.5 times the weight than with diet and exercise alone!***

Next time the spotlight's on you, be the confident radiant woman you know you are—the one who realizes that she *can* have a fat-burning figure. Make it happen with Hydroxycut.



"I recommend Hydroxycut with diet and exercise to healthy women who wish to lose fat. Hydroxycut is the best weight-loss supplement that I've ever used."

Dr. Nick Evans, 1989 Graduate St. Mary's Hospital Medical School, London, England

NC Supercenters Walgreens CVS/pharmacy RITE AID Target Kroger meijer Longs Drugs

*Two 8-week studies in which all groups followed a diet and exercise plan, subjects using the primary ingredients in Hydroxycut® (*Garcinia cambogia* extract, chromium polynicotinate, and *Gymnema sylvestre* extract) lost, on average, significantly more weight than subjects who were using a placebo (14.99 vs. 3.06 lbs. and 12.54 vs. 3.53 lbs.). Individuals have been remunerated. Carefully read the entire label before use. Regular exercise and proper nutrition are essential for achieving your weight-loss goals. The Hydroxycut® trademark is owned by its trademark owner and is used with permission. Hydroxycut is patent-pending. †Based on IRI F/D/MX sales data. © 2007

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to go to college–her parents never went beyond sixt grade–she attended Howard University on a $10 scholarship. But like most women of her era, she s few goals for herself beyond having a family. Whe someone asked her major in college, she joking replied, "Extracurricular activities, with a minor finding a husband."

But even though Mom never pursued an outsid career when we were growing up, today her crede tials include being the first woman to serve as pre dent of the Mississippi Coast Coliseum Commissi (an oversight board for the convention center Biloxi), the first woman to chair the Mississippi Sta Board of Education and the first woman member the board of directors of the Mississippi Power Cor pany. She was also chairman of the New Orlea branch of the Federal Reserve Bank of Atlanta. A she did all this after the age of 50!

My mom, who is so humble about her remarkab capabilities, makes it sound easy. "I got involved local politics, and one thing led to another," she'll sa But one thing is plain: She, too, positioned hers to achieve. She grew up in Akron, Ohio, where h family was devastated by the Great Depression. M grandfather Tolliver was unemployed, so my de grandmother, Grandma Sally, worked as a maid, cook, a babysitter and whatever other job she cou find, earning at most a dollar a day. Mom remembe a summer evening in Akron when she was 6. T electricity in the house had been shut off for no payment. As Grandma Sally cooked on a potbelli stove in the basement, the family sat around a mak shift dining table, lit by the glow of a kerosene lamp

To make her parents feel better, my always-irrepr sible mom announced, "I have a song in my heart a I'm going to sing it!"

My grandfather was too glum to be cheered u "Not at this table you're not," he said. So Mom go bled her dinner and raced outside. When she reach the basement window, she sank to her knees and se naded her family through the screen!

Today when I speak at commencements, look out into the audience and see t panic in the graduates' eyes. I can alm hear their minds whirling–"What a going to do?" And I just want to reach o and say, "It's okay. A lot of people have felt this w





Playing basketball (left) taught Robin key life principles. Of coanchor Diane Sawyer (above), Robin says, "Being on the set with her is like being on the court with Michael Jordan"

and they worked it out. Don't panic–listen."

We all have an inner voice. Sometimes we ignore it or it gets drowned out by all the noise of life, but if you sit quietly and listen, you can hear it. And your inner voice will tell you what will make you truly happy and fulfilled. Grandma Sally taught me how to listen to my inner voice, and I guarantee you that even today, I take time out to do just that.

Every day Grandma Sally had "quiet time." No talking, no TV, no radio, no singing–just being alone with her thoughts. Eventually it became a habit for me, too. When I'm struggling with something, I always feel better and stronger after I've taken time to be still and listen. But it's not just for the tough times. If you make quiet time a regular part of your day, I promise it will build your sense of self and bring you closer to what you really want in life.



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New Controversy Over Mammograms

Bye-Bye Belly Fat

Boost Your Energy



ARE MAMMOGRAMS TOO RISKY?

After years of consensus about starting screening at age 40, one medical group makes the shocking claim that the risks could outweigh the benefits for many younger women

By JULIA HAGAN

The news was startling: The decade-old advice that every woman needs to get an annual mammogram starting at age 40 is obsolete, a respected medical society announced in April. These tests might be unnecessarily risky, they claimed—at least for many women age 40 to 49. The bombshell came in new guidelines from the 120,000-member American College of Physicians (ACP), the nation's second-largest physicians group.

Only women at high risk for breast cancer should automatically receive annual mammograms in their 40s, according to the ACP. Other fortysomethings should have their physicians assess their risk of breast cancer and inform them of the "potential benefits and harms of screening mammography" before deciding whether to do it.

Harms? What harms? We consulted Etta D. Pisano, M.D., Kenan professor of radiology and biomedical engineering at the University of North Carolina School of Medicine. Dr. Pisano won a 2006 *Ladies' Home Journal* Health Breakthrough Award for her work assessing digital mammograms.

Q: What's your reaction to this?

Dr. Pisano: I am exceedingly unhappy with the ACP reopening this issue. I thought the medical community had finally reached a consensus that mammography saves lives for women over 40.

Q: Why do you think the ACP came to this conclusion?

A: They note that more than 98 percent of women will not develop breast cancer between ages 40 and 50. But the ACP also acknowledges that a screening mammography every one to two years results in a 15 percent decrease in breast-cancer mortality. I feel doctors should be patients' advocates. But by focusing on the "burden" of breast cancer in women this age being "low for a population-based screening program," the ACP seems to be concluding that saving lives is not as important as the costs. You definitely find less breast cancer in younger women, but when you do find it, it's often more aggressive—and young women have years of life ahead of them.

Q: Let's talk about the two most serious risks cited: first, that screening finds "cancer that would not have become clinically evident [i.e., big enough to find] during the patient's lifetime," resulting in unnecessary treatments.

A: The ACP's discussion of this risk focuses on ductal carcinoma in situ (DCIS), cancer of the lining of the milk ducts. Some DCIS may never develop into full-blown cancer, but some will progress. Being screened gives women and their doctors the ability to decide what to do; some women might just have an excision and not opt for radiation or chemo.

Q: The other risk is a positive result that turns out to be false—but not before the patient has further procedures to rule out cancer.

A: A false positive is traumatic, but it's resolved in a month. And is it really as bad as losing your life because you weren't screened?

Note: The American Cancer Society still recommends yearly mammograms for every woman, starting at age 40.



Packed with real fruit taste, it's...
The cookie that thinks it's a fruit.



FIGHT FAT OVER 40

Few of us manage to not gain weight as we age, and most of us find it harder than ever to pare off those pounds. If you really want to get your old body back, forget everything you thought you knew about dieting—and embrace these specific over-40 strategies

I thought I looked great at a recent gathering, dressed in a colorful skirt, fitted red sequined top and black patent-leather pumps. Then I saw myself in a home video. There I was, gobbling up an empanada, oblivious to the thick roll of fat bulging around my middle. I gasped but should not have been surprised. My jeans had been getting tighter. But until that defining moment, whenever I looked in the mirror I saw the svelte woman I'd always been. I faced my fat facts: I was 53 years old and 10 pounds heavier than I'd ever been—a lot if you're 5 foot 1 and small-boned. If I kept on this way, soon I'd be in trouble.

So I got serious. I signed up for a three-week Fat Fighters course at my gym, three days a week puffing my way through one spinning and two cardio-sculpting classes, which integrate weight lifting with strength exercises such as squats with overhead presses. I didn't count calories, but I switched to a lower-fat diet—more fruits, vegetables and salads, less Chinese takeout and fewer late-night freezer raids. By the end of my program I'd lost an inch and a half from my hips and a half inch around my waist. I took the course twice more, then started my own regimen, alternating strength training with running or spinning. A year later I'd lost all 10 pounds. Doing spinning and weights in classes and on my own has made me firmer and fitter than I was in my 30s.

By Leslie Laurence

If you're over 40, chances are you've had CONTINUED





you've had chickenpox, you're at risk for this potentially serious disease.

ne out of ten adults in the United States have had ickenpox. You were probably one of them. Shingles caused by the same virus that causes chickenpox. ne virus can remain inactive in your body. If the us becomes active again, it can cause Shingles.

he older you get, your risk for hingles increases.

s you get older, your immune system weakens. That eans your risk for Shingles increases. In fact, of the imated 1 million cases of Shingles in the United ates every year, almost half of them occur in adults e 60 or older. One out of two people who live to e 85 will have Shingles.

hingles can be painful and otentially serious.

ne first signs of Shingles may include itching, ngling, and burning. A few days later a blistering rash appears, which can last up to 30 days. For most people, the pain associated with the rash lessens as it heals. However, for some people, Shingles may lead to pain that can last for months or even years after the rash heals. This is called postherpetic neuralgia (PHN).

The pain from PHN can range from burning or throbbing to pain that is stabbing or shooting. For many people with PHN, even the touch of soft clothing or a slight breeze against the skin can be painful.

Shingles can lead to other serious complications that may include scarring, skin infections, muscle weakness, and decrease or loss of vision or hearing.

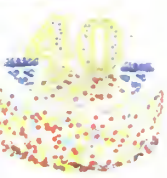
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sk about the facts. *Talk to your doctor or healthcare profe[illegible]nal today.*

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your own fat face-off, whether it was buying a bathing suit for the first time in three years or seeing a number on the scale you swore you'd never reach. Maybe you found that the pounds don't peel off as easily as they used to or come back faster. But before you resign yourself to life in the fat lane, I'm here to tell you that it's possible to drop that midlife fat and keep it off. You can even rediscover your abs. You don't have to go to extremes but you will have to change your diet, commit to regular physical activity and keep pushing. Not the sugarcoated no-pain plan you were hoping for? Welcome to Planet Reality.

"There's no quick fix," says Harvey Simon, M.D., associate professor of medicine at Harvard Medical School. "But there is a slow fix. Losing weight and getting fit is not a sprint. It's a marathon." The marathon is winnable. You *can* outsmart your post-40 physiology. Before starting any exercise plan or serious diet shift, though, be sure to consult your doctor.



The New Normal
Your body's needs change after 40. For which health tests you require and detailed exercise, diet and sleep advice, go to **WWW.LHJ.COM/OVER40FAT**

Learn to Love Muscle

A major reason for having trouble losing weight after 40 is that we begin to lose muscle tissue. "By age 50, people have lost an average 10 percent of muscle mass," says Chhanda Dutta, Ph.D., chief of the clinical gerontology branch at the National Institute on Aging. "By age 70 they've lost 40 percent." At the same time, "the cells that were once destined to become muscle and bone, for some reason that research has yet to determine, become fat cells," she says. [illegible] the size of those fat cells increases—a double whammy. Muscle burns more calories than fat does—so having less muscle means metabolism slows down and then the body needs fewer calories to sustain itself.

Weight training can preserve the lean tissue you have and build more: three to five pounds in about three months from thrice-weekly strength-training workouts. Plus, "after a weight workout, your metabolism is revved for 12 to 24 hours," says Hugo Rivera, a certified fitness trainer in Brandon, Florida, and coauthor of *The Body Sculpting Bible for Women*. That's because taxed muscles use calories to recover and carbohydrates to replenish their sugar stores, which forces your body to burn fat. Since muscle tissue weighs more than fat tissue, strength training may not drop pounds as effectively as diet or other types of exercise. But you'll look sleeker and your clothes will fit better. Don't worry about looking like Arnold Schwarzenegger. Women produce much less testosterone than men, so it's hard to build really large muscles. You'll get a lean, defined body instead.



The best way to increase your metabolism may be by combining strength training (to increase your basal metabolic rate) with aerobic exercise, which burns more calories through activity.

MUSCLE BUILDER #1

Ease Into It

Start with two- to three-pound dumbbells and work on the following muscles: your chest, arms, shoulders, upper and lower back, butt and thighs. For example, do biceps curls, triceps kickbacks, overhead presses, squats, push-ups, bent-over flies and stiff-legged dead lifts. (See *www.lhj.com/over40fat* for a description of these exercises as well as a basic weight-training program to build muscle tissue.)

Contract each muscle as hard as you can and make smooth, controlled movements. Do two sets of eight to 12 repetitions each for 20 minutes, three days a week. Rest 60 to 90 seconds between sets. After six weeks you should notice more muscle tone. Perform three sets of eight to 12 reps each, then try increasing to five-pound weights.

Those new to weight training may want to consult a trainer at a local gym or Y, take a class or get a CD or book on weights for women.

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MUSCLE BUILDER #2

Full-Body Press

Once you've mastered Muscle Builder #1, focus on your upper body two days a week and your lower body two alternating days. Upper-body exercises include shoulder presses, upright rows, overhead triceps extensions, dumbbell lateral raises, bent-over rows, dumbbell one-arm rows. Lower body: leg extensions, dumbbell lunges, squats and standing calf raises.

MUSCLE BUILDER #3

Building Up

As you get stronger, you need to train harder to progress. Try "super-sets"—pairing exercises that use opposing muscle groups, such as chest and back or thighs and hamstrings: a set of dumbbell squats followed by a set of dumbbell lunges, then a 60-second break; repeat twice. Other combos: two-arm rows and push-ups; dumbbell biceps curls with triceps kickbacks; dumbbell shoulder presses and standing calf raises.

Fat Facts You Have to Face

Adults have two types of fat—subcutaneous, the soft stuff just beneath the skin, and visceral, which settles around abdominal organs. And fatty tissue is not simply a storage bin for excess calories. It produces hormones that influence hunger and other metabolic processes.

Over-40 physical changes may affect both types of fat. You may need different strategies to reduce each. *Visceral fat* produces chemicals that increase the risk of heart disease and diabetes by upping insulin resistance. "The loss of sex hormones during menopause can cause visceral fat to be deposited around our abdomens as opposed to our hips and thighs," says Wendy Kohrt, Ph.D., a professor of medicine at the University of Colorado at Denver. *Subcutaneous fat* makes us plumper all over and less sensitive to leptin, a hormone that shuts off hunger and contributes to heart disease, though less so than visceral fat. Research shows that removing abdominal fat by liposuction, which eliminates subcutaneous but not visceral fat, doesn't lower heart risk. Aerobic exercise—getting your heart rate high enough to break a sweat—can reduce both fat types. Weights further help tighten flab.

FAT FIGHTER #1

WALKING WORKS. "A lot of people don't think of walking as 'real execise,'" says Harvard Medical School's Dr. Harvey Simon. Not so. A study of 173 sedentary overweight women between ages 50 and 75 found that those who did moderate exercise (the majority chose walking) on their own or on a treadmill for 176 minutes per week lost both visceral and subcutaneous abdominal fat. The longer they exercised, the more fat they lost. Don't walk and you gain visceral fat fast: an 8.6 percent increase in as little as six months, according to a separate 2005 study that surprised researchers. "Overweight adults who remain sedentary have a surprisingly fast metabolic deterioration," says study author Cris Slentz, Ph.D., an exercise physiologist at Duke University Medical Center.

FAT FIGHTER #2

START SMALL. Even short bouts of exercise help your health. "All forms of physical activity fall on a spectrum in terms of benefit," says Harvard's Dr. Simon. And those benefits add up. His book *The No Sweat Exercise Plan* assigns so-called cardiometabolic points to various types of physical activity, from gardening to yoga, and recommends that people aim for 150 points a day, choosing activities that fit their lifestyle and interests. Twenty minutes of fairly rigorous yard work, for instance, scores as many fitness points as climbing stairs for 10 minutes. You get other health benefits as well. The Insulin Resistance Atherosclerosis Study of 1,467 African-American, Caucasian and Hispanic adults ages 40 to 69 found that those who did non-vigorous activities regularly (such as golf, bowling, hunting and housecleaning) had improved insulin resistance.

FAT FIGHTER #3

INTENSITY COUNTS. If you exercise hard you burn a lot more calories, say experts. And you may lose weight faster. A 154-pound woman who jogs at 5.5 mph, or bikes at 10 mph, for 30 minutes will burn 295 calories. To burn the same calories walking (at 3.5 mph) takes an hour. And vigorous workouts keep your metabolism revved for 24 or more hours after you stop. You'll find high-intensity classes at gyms across the country: At Chicago's Crunch Fitness gyms, try Tread 'n' Shed, a cardio class taught on a treadmill, interspersing sprints and slow walks. In New York City, the Sports Club/LA's cardio-sculpting classes combine weights with aerobic conditioning. In the gym's three-week Fat Fighters class, women lose an average of two inches in the waist and six to eight pounds of body fat in three weeks.


This body can take off...
All it needs is wings.
the first and only winged pad made just for lighter bladder weakness.
ise® pads with wings have stay-in-place protection that moves with you –
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Poise. Yes, I can.

Why Drastic Diets Won't Work Anymore

Maybe in your 20s and 30s you corrected those errant pounds with a month or two on a wacky fad diet. Well, guess what? Cutting corners won't cut it anymore. The body's slowing post-40 metabolism means you need fewer calories to maintain the same weight. What's more—and here's what will make you groan—even drastic dieting doesn't work as well as you get older. If your post-40 body thinks it's starving, it slows your metabolism to conserve energy, stored as the very body fat you're trying to shed. Do this long enough on a low-protein starvation diet and you begin to burn lean muscle tissue instead of stored fat, depriving you of strength and slowing your metabolism even more because muscle tissue burns more calories than fat tissue does. To lose fat, you need to short-circuit the body's ways of accumulating and storing it.

In addition to paying attention to how many calories you eat, it's important to choose which calories. Many people walk around in a state of glycemic stress—living with wid swings in blood sugar levels largely due to diets heavy o refined carbohydrates, such as sugary snacks, white brea and white rice. Take in a big load of these carbs and they er ter the bloodstream almost immediately, making the pancrea begin to secrete insulin to lower blood sugar by sending it t different parts of your body. But the body can only use s much sugar at any one time; the excess (and a mega-carl snack leaves you with plenty) is stored as fat. Eat a lot an you gain weight and might increase your risk of diabetes an heart disease. Choose foods with a low glycemic index (fruits vegetables, whole grains); these take a long time to digest an don't cause a dramatic rise in your blood sugar levels.

Luckily, there are ways to use your diet to rev up you metabolism and reduce body fat as well. And paradoxi cally, a moderate-calorie diet is not only healthier than a ultralow-cal one, it's also more effective at reducing both weight and fat in the long run.

The New Way to Eat for Post-40 Fat Loss

THE RIGHT EATING STRATEGY CAN HELP YOU OUTSMART YOUR BODY'S DRIVE TO STORE FAT

1 No more skipping breakfast.

"You've just had an overnight fast," says Lisa Hark, Ph.D., R.D., director of the nutrition education and prevention program at the University of Pennsylvania School of Medicine and coauthor of *Nutrition for Life*. "If you don't eat breakfast you won't get your metabolism going—digesting burns calories." Breakfast also gives you energy, keeps you from getting hungry before lunchtime and helps you concentrate, says Dr. Hark.

2 Eat less, but more often.

Instead of three large meals a day, consume the same number of calories in five or six smaller ones, two to three hours apart. "This not only helps to control your appetite," says Dr. Hark, "but the calories needed for digestion use up the glucose so it's not stored as fat. This keeps your metabolism stimulated." Because many small meals also give you a slow, steady supply of food, your body is spared the insulin surge (and big letdown) of a huge meal.

3 Cut calories.

After age 40, women need about 250 fewer calories a day to maintain weight, and at least 500 fewer to lose. One tactic: up physical activity by 250 calories a day and cut your diet by another 250. Research shows postmenopausal women who both diet and exercise improve their insulin profile more than women who do either alone.

For peak performance and weight loss, trainer Hugo Rivera recommends eating 40 percent complex low-glycemic carbs (such as brown rice and sweet potatoes), 40 percent lean proteins and 20 percent healthy fats (olive oil, flax oil). Go to *www.mypyramid.gov* to create a customized food pyramid and learn how much to eat daily to maintain or lose weight.

I'll never make it through that two-hour recital.

What if I'm the only mom who isn't there?

If I get a migraine tomorrow...

Who am I kidding? Rich can't handle it. I'll just get it done.



Thinking about migraines even when you're not having one?

Maybe it's time for a change.

TOPAMAX can help stop migraines before they start so you can get fewer of them to think about. It's believed that TOPAMAX helps "calm" overexcitable nerve cells that start a migraine attack.

TOPAMAX works differently from the treatments you take at the first hint of a migraine. It's a daily prescription medication.

Talk with your doctor about what life is like with migraines and see if TOPAMAX is right for you. While migraines can't be completely eliminated, it just may be the change you're looking for.

TOPAMAX may cause side effects. Please see Important Safety Information below.

Visit **TOPAMAX.com** for tips on living with migraines.

Life shouldn't always revolve around migraines.

TOPAMAX®
(topiramate) Tablets

PAMAX is approved for migraine prevent

PORTANT SAFETY INFORMATION

ious risks associated with TOPAMAX
els in the blood resulting in an increase
tabolic acidosis), and hyperventilation
gue. More severe symptoms of metabo
gular heartbeat or changes in the level of
reated metabolic acidosis may increase the
ione disease. Your doctor may want to
asure bicarbonate levels

Please see important product information about TOPAMAX on adjacent page.

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PATIENT INFORMATION

TOPAMAX [Toe-pa-max]

(topiramate) Tablets (topiramate capsules) Sprinkle Capsules

WHAT DO TOPAMAX TABLETS AND SPRINKLE CAPSULES LOOK LIKE?

TOPAMAX® (topiramate) Tablets



25 mg White | 50 mg Light-Yellow | 100 mg Yellow | 200 mg Salmon

TOPAMAX® (topiramate capsules) Sprinkle Capsules



Capsules are white and clear

Note: The pictures above show the shapes and lettering of TOPAMAX tablets and sprinkle capsules. The wording describes the strength and colors of the medication. Before taking your medicine, it is important to compare the tablets or sprinkle capsules you receive from your healthcare professional or pharmacist with these pictures to make sure you have received the correct medicine.

Please read this patient information carefully before you take TOPAMAX and each time you obtain a refill, in case any information has changed. This summary does not contain all the information about TOPAMAX and is not meant to take the place of talking with your healthcare professional. If you have any questions about TOPAMAX, discuss them with your healthcare professional or pharmacist.

WHAT IS TOPAMAX?

TOPAMAX is a prescription medicine used:

- alone to treat seizures in patients 10 years and older
- with other medicines to treat seizures in adults and children over age 2
- to prevent migraine headaches in adults

WHO SHOULD NOT TAKE TOPAMAX?

Do not take TOPAMAX if you are allergic to anything in it. See the end of this leaflet for a complete list of ingredients in TOPAMAX.

WHAT SHOULD I TELL MY HEALTHCARE PROFESSIONAL BEFORE TAKING TOPAMAX?

Tell your healthcare professional about all of your medical conditions, including if you:

- **have kidney problems, especially kidney stones, or are getting kidney dialysis**
- **have a history of metabolic acidosis (blood and body fluid abnormality)**
- **have liver problems**
- **have osteoporosis (weak or brittle bones) and/or soft bones (osteomalacia) or decreased bone density (osteopenia)**
- **have lung or breathing problems**
- **have eye problems, especially glaucoma**
- **have diarrhea**
- **have a growth problem**
- **are on a diet high in fat called a ketogenic diet**
- **are having surgery**
- **are pregnant or planning to become pregnant.** It is not known if TOPAMAX can harm your unborn baby
- **are breastfeeding.** TOPAMAX may pass into your milk. Talk to your healthcare professional about the best way to feed your baby while taking TOPAMAX.
- **suffer from depression, mood problems or suicidal thoughts or behavior**

Tell your healthcare professional about all the medicines you take including prescription and nonprescription medicines, vitamins and herbal supplements. TOPAMAX and certain other medicines can affect each other. Sometimes the dose of some of your other medicines or TOPAMAX will have to be adjusted. Especially, tell your healthcare professional if you are taking:

- **other medicines that impair or decrease your thinking, concentration, or muscle coordination (eg, central nervous system depressant medicines).**
- **birth control pills** TOPAMAX may make your birth control pills less effective. Tell your healthcare professional if your menstrual bleeding changes while you are taking birth control pills and TOPAMAX

Keep a list of all the medicines you take. Show this list to your healthcare professionals and pharmacists before you start a new medicine.

HOW SHOULD I TAKE TOPAMAX?

- Take TOPAMAX exactly as prescribed. Your healthcare professional will usually start you on a low dose of TOPAMAX and slowly increase your dose until the best dose is found for you.
- TOPAMAX Tablets should be swallowed whole. Avoid chewing the tablets as they may leave a bitter taste.
- TOPAMAX Sprinkle Capsules may be swallowed whole or may be opened and sprinkled on a teaspoon of soft food of any type. Examples are applesauce, custard, ice cream, oatmeal, pudding or yogurt. Drink fluids right after to make sure all of the food and medicine mixture is swallowed.
- Never store any medicine and food mixture for use at a later time.
- TOPAMAX can be taken before, during, or after a meal. Drink plenty of fluids during the day to prevent kidney stones while taking TOPAMAX.
- If you take too much TOPAMAX, call your healthcare professional or poison control center right away or go to an emergency room.
- If you miss a single dose of TOPAMAX, take it as soon as you can. However, if you are within 6 hours of taking your next scheduled dose, wait until then to take your usual dose of TOPAMAX, and skip the missed dose. Do not double your dose. If you have missed more than one dose, you should call your healthcare professional for advice.
- Do not stop taking TOPAMAX unless a healthcare professional tells you to stop taking TOPAMAX. Your healthcare professional will tell you how to slowly stop taking TOPAMAX.

WHAT SHOULD I AVOID WHILE TAKING TOPAMAX?

- If you are taking TOPAMAX or other antiepileptic drugs for epilepsy or seizures, you may need to avoid activities where loss of consciousness (passing out) could result in serious danger to you or others (eg, swimming, driving, or climbing in high places, etc.).
- Unless prescribed by your healthcare professional, you should avoid other medicines that can impair or decrease your thinking, concentration, or muscle coordination (eg, central nervous system depressant medicines).
- You should avoid drinking alcohol while taking TOPAMAX. Alcohol with TOPAMAX can make side effects such as sleepiness and dizziness worse.
- Do not drive a car or operate heavy machinery until you know how TOPAMAX affects you. TOPAMAX can impair your thinking and motor skills.

WHAT ARE THE POSSIBLE SIDE EFFECTS OF TOPAMAX?

TOPAMAX may cause the following side effects which can be serious :

- **metabolic acidosis.** Metabolic acidosis is a condition that happens when there is too much acid in your blood. Metabolic acidosis can cause symptoms such as tiredness, loss of appetite, irregular heartbeat, and impaired consciousness. **Call your healthcare professional right away if you get these symptoms with TOPAMAX.** Your healthcare professional should do a blood test (measurement of serum bicarbonate) to monitor your bicarbonate level while you are taking TOPAMAX.
- **eye problems.** Serious eye problems include:
  - a sudden decrease in vision (acute myopia) with or without eye pain and
  - a blockage of fluid in the eye causing increased pressure in the eye (secondary angle closure glaucoma).

Call your healthcare professional right away if you have a loss in vision or get eye pain. These problems can lead to blindness if not treated right away. Your healthcare professional will probably stop TOPAMAX and may recommend other therapy.

- **decreased sweating (oligohidrosis) and increased body temperature (fever).** Patients, especially children, should be watched closely for signs of decreased sweating and a fever (increased body temperature), especially in hot temperatures. Some patients may need hospital treatment for this condition.
- **effects on thinking and alertness.** TOPAMAX may affect thinking skills and cause confusion, problems with concentration, attention, memory, and/or speech. TOPAMAX can cause depression or mood problems, tiredness, and sleepiness. Call your healthcare professional right away if you experience any of these side effects.
- **dizziness or loss of muscle coordination** in patients who take TOPAMAX alone or with other seizure medicines.
- **high blood ammonia levels and effects on mental activities.** High ammonia in the blood can affect your mental activities and decrease alertness, can make you feel tired or fatigued, and can cause vomiting. This has happened when TOPAMAX has been used with a medicine called valproic acid (DEPAKENE® and DEPAKOTE®).
- **kidney stones** Drink plenty of fluids when taking TOPAMAX to decrease your chances of getting kidney stones.
- **tingling of the arms and legs (paresthesia)** is a common side effect of TOPAMAX.

Other side effects with TOPAMAX include loss of appetite, nausea, a change in the way foods taste, diarrhea, weight loss, nervousness, aggression, upper respiratory tract infection. Call your healthcare professional if you have any symptoms that concern you or that do not go away. These are not all the side effects with TOPAMAX. For more information, ask your healthcare professional or pharmacist.

WHAT SHOULD I DO IF I GET PREGNANT WHILE TAKING TOPAMAX?

It is not clear if there is a risk to the fetus/baby if you are exposed to TOPAMAX and you become pregnant. Various abnormalities have been described in the offspring of animals exposed to TOPAMAX during pregnancy. If you use TOPAMAX while you are pregnant, ask your healthcare professional about reporting your experience to the North American Drug Pregnancy Registry at Massachusetts General Hospital (Boston, MA). This registry collects information about babies born to women who are taking drugs to treat various conditions. Information about the North American Drug Pregnancy Registry can be found at http://www.massgeneral.org/aed. You can also join the registry by calling 1-877-376-3872.

HOW SHOULD I STORE TOPAMAX?

- Store TOPAMAX tablets in tightly-closed containers at room temperature, 59°F to 86°F (15°C to 30°C). Protect from moisture.
- Store TOPAMAX Sprinkle Capsules in tightly-closed containers at or below 77°F (25°C). Protect from moisture.
- **Keep TOPAMAX and all medicines out of the reach of children.**

GENERAL INFORMATION ABOUT TOPAMAX.

Medicines are sometimes prescribed for purposes other than those listed in Patient Information leaflets. Do not use TOPAMAX for a condition for which it was not prescribed. Do not give TOPAMAX to other people, even if they have the same symptoms that you have. It may harm them.

This leaflet summarizes the most important information about TOPAMAX. If you would like more information, talk to your healthcare professional. You can ask your healthcare professional or pharmacist for information about TOPAMAX that is written for healthcare professionals. You can also visit www.topamax.com or call 1-800-526-7736 for more information.

WHAT ARE THE INGREDIENTS OF TOPAMAX?

Active Ingredient: topiramate

Inactive Ingredients:

- **Tablets** - contain lactose monohydrate, pregelatinized starch, microcrystalline cellulose, sodium starch glycolate, magnesium stearate, purified water, carnauba wax, hypromellose, titanium dioxide, polyethylene glycol, synthetic iron oxide (50, 100 and 200 mg tablets) and polysorbate 80.
- **Sprinkle Capsules** - contain sugar spheres (sucrose and starch), povidone, cellulose, gelatin, sorbitan monolaurate, sodium lauryl sulfate, titanium dioxide, and black pharmaceutical ink.

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The Sleep Solution

During our 40s, when hormones are in a state of flux, we become more prone to insomnia. A 2007 National Sleep Foundation survey found that 59 percent of perimenopausal women and 61 percent of menopausal women had insomnia at least a few nights a week. Reasons included stress, hormonal changes or—no joke—because their pets sleep with them. Half the 1,000 women polled said the first things they cut in a time bind were sleep and exercise. Yet sleep is crucial for maintaining and losing weight.

Studies show that a shortage of sleep can wreak metabolic havoc, increasing glucose levels and triggering a prediabetic state. A recent study of more than 1,000 adults between the ages of 30 and 60 in Wisconsin found that when people slept less than eight hours a night, their levels of leptin, a hormone produced by fat cells that tells the brain when to stop eating, went down. And levels of the stomach hormone ghrelin, which stimulates appetite, went up. The result? They ate more and got fat.

"Chronically not having seven to eight hours of sleep will make you eat more, decreasing the body's ability to clear glucose and causing you to gain weight," says Andrew Monjan, Ph.D., chief of neurobiology of aging at the National Institute on Aging.

Exercise improves sleep, in part by helping to set the body's internal clock. For people who have trouble falling asleep, exercise seems to hav an effect similar to sleeping pills, according to research reported at th American College of Sports Medicin.

When's the best time to exercise Researchers at Seattle's Fred Hutchinson Cancer Research Cente found that postmenopausal women who worked out at moderate intensity for at least 30 minutes ear morning had less trouble falling asleep than women who exercised less frequently or worked out in th evening. If you exercise later in the day, finish at least three hours before bedtime to give your body time to feel sleepy.

Why Fighting Fat Is All In Your Head

There's little doubt it takes longer to lose weight after 40 and longer for your diet and exercise plans to show results. While a woman in her 30s might shave up to three pounds weekly, once she passes 40 she might only shed one pound on the same regimen. To combat the discouragement of this slower pace, you need to stay motivated more than ever. Here, mental and behavioral strategies that work.

Weigh yourself daily.

Hopping on the scale every day may help keep weight off, according to a 2006 *New England Journal of Medicine* study of 314 adults, most of whom were women, who had lost an average 43 pounds over the course of two years. In the 18 months after the weight loss, some participants had to report their weight weekly, either by phone or online. Only about half of this group regained five or more pounds over the 18 months. In contrast, 72 percent of the control group, who received only a quarterly newsletter about diet, exercise and weight loss and didn't weigh themselves, regained five pounds or more.

Bear in mind, however, that the scale "doesn't give you the full story," says trainer Hugo Rivera. "If after a month of working out you gain one pound of muscle and lose three pounds of fat, the scale will only register a two-pound loss, which can be highly frustrating. If your clothes are fitting better and you feel firmer, then you're losing fat even if the scale isn't moving."

Get plugged in.

If you don't already have an MP3 player for downloadable music, now's the time to invest in one. It won't weigh you down as you exercise, and listening to music, especially when the CONTINUED

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tempo matches your exercise rate, can help you work out longer and harder, according to research by Costas Karageorghis, Ph.D., a sports psychologist at Brunel University, in Uxbridge, England.

Pick a pair of "goal jeans."

As you're picturing the new, slimmer you, it may help to periodically try on a favorite pair of skinny jeans that you'd love to fit into again—or for the first time. Indeed, 35 percent of American women say that jeans, more than any other type of clothing, inspire them to control their weight, according to a 2006 study by TSC, a division of Yankelovich, a research organization that tracks consumer trends. Keep trying them on until they fit. Then keep wearing them to make sure they still fit, a good way to stay at your goal weight. And beware the dangers of getting too comfortable in your sweats or elastic-waist pants. They keep you from facing the fat facts and doing something about them.

Keep a photo diary.

Set your camera to automatic and take a picture of yourself (or have someone else photograph you) every couple of weeks. "Save and date the photo," says trainer Rivera. "When you look in the mirror, all you notice is a roll here, a roll there. Looking at a photograph is the only way to be an objective judge of yourself. You'll start seeing differences and that's how you'll get motivated."

Enlist an exercise or diet buddy.

"When you start feeling tired, having a workout buddy or a trainer you can hire call you and say, 'Hey, we have to walk this morning,' can be a tool to help you stick to the changes you want to make," says the National Institute on Aging's Dr. Chhanda Dutta. Likewise, having a diet buddy—a friend, coworker or an online dieting group—to whom you can report weekly can help you keep on track.

Join a woman-friendly gym.

If you aren't sticking to your exercise plan because you're intimidated by trendy gyms crawling with buff young people, a woman-only facility may be a better fit. For example, Curves offers 30-minute workouts for the time-deprived, and Lady of America offers child ca... Also, women-only gyms o... ten have specially size... equipment. Machines at L... dies Workout Express, fo... instance, have 10 adjustab... resistance settings instead of weights stacked in 10-pound or higher increments.

Fantasize the Fat Away

People who focus on how exercise makes them feel rather than worrying about whether it's making them look thinner are more motivated to keep going, experts say. "Enjoy the immediate benefits of exercise: sleeping better, having more energy and a higher sex drive, being a good role model for your kids and inspiring friends and those around you," says Lindsay Dunlap, a New York City trainer.

Visualize yourself as on your way to being fit and toned—looking great at the company picnic or your cousin's summer wedding. Remember those goal jeans. "If you see yourself as unhealthy, you're more likely to throw in the towel and eat that second bag of potato chips," says Ellen Langer, Ph.D., a professor of psychology at Harvard University and author of *The Power of Mindful Learning*. "But if you've made a decision to be a healthy person, your behavior will match that mind-set. We've only begun to tap the effects of our mind's control over our health and well-being."

EXERCISE EQUIPMENT ON ANY BUDGET

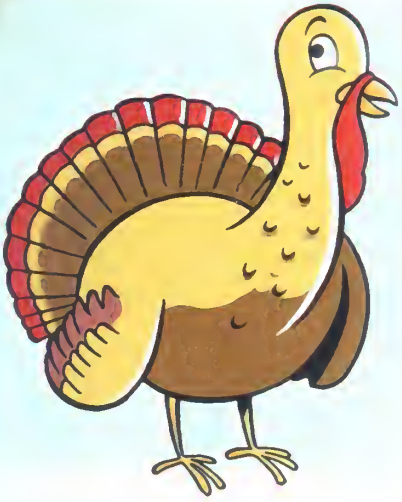
Buying new exercise equipment for a home gym doesn't come cheap, but you won't be able to use that as an excuse to not get fit once you see the bargains you can find in good used exercise equipment. According to experts, half of consumers' home gym purchases go unused. More and more, that perfectly good equipment is showing up on eBay, Craigslist, even tag sales. Gyms that update their equipment can be another good source. If possible, test-drive the brand at a gym or sporting-goods store, and check it out on the company's Web site. Before buying, ask whether the seller can include the original warranty from the machine's manufacturer.



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The Last 5 lbs.

When you're trying to get in shape, losing the first—or last—five pounds can be a particular challenge. "We know from weight-loss studies that the more obese you are, the faster you may initially lose weight," says Chhanda Dutta, Ph.D., chief of the clinical gerontology branch at the National Institute on Aging. "But after a rapid phase of weight loss, you plateau."

Others wrestle with those first five pounds. That's often because we make dramatic changes too quickly, says Lindsay Dunlap, creator of the Fat Fighters program at the Sports Club/LA, in New York City. "If you drastically cut your calorie intake, your body will think it's starving and hold on to its fat stores," she says. "It's best to start cutting back by 250 calories a day. Wait a week before shaving off another 250 calories."

The going may also get tough when you're down to those last pockets of fat. One reason? You may have hit an exercise plateau, which can happen in as little as a few months. As your body gets stronger, it uses fewer calories to do the same exercises. Researchers call this the training effect. "If you want to lose more you have to increase the amount and intensity of your exercise," Dunlap points out.

Try high-intensity interval training, which alternates periods of moderate-intensity with near-maximal-intensity activities. For instance, take a five-minute warm-up jog, then do eight sets of one-minute sprints followed by one minute of walking. End with a five-minute jog. Remember, the more intensely you exercise, the more calories you burn. Interval training will also improve your cardiovascular fitness.

If you've been successful at shedding fat and pounds, you also need fewer calories—one reason that you can never go back to your old eating patterns. To keep your new lower weight, check with your doctor about cutting even more calories to help drop the last five pounds.

Eliminate alcohol for a couple of weeks. The reason? You drop the three or so pounds in fluid that wines and spirits make your body retain. If you want to reintroduce alcohol after you've reached your goal, try to limit yourself to three drinks a week, says nutritionist Lisa Hark.

Bust Belly Fat

A potbelly after men pause pretty muc goes with the ter tory; physicians wi a linguistic sense humor call it the "meno-pot." Aer bic exercise reduces fat, includi around your middle. But to real suck it up, you need to exercise ar tone your abdominals.

"That potbelly responds e tremely well to Pilates, which exe cises the entire deep layers of th abdominal walls," says Christia Northrup, M.D., author of *T Wisdom of Menopause*. Aim for least 10 minutes of abs exercis three times a week on alternati days, perhaps after your weig


Belly laughs: a tight tummy can be yours

workouts. For example, do leg lift modified sit-ups with your kne bent and side crunches. As you g stronger, wear arm or leg weights ALSO HELPFUL: exercises tha strengthen your core—the muscl in your abdomen and back. Try th Bosu Balance Trainer, a rubbe dome set on a platform that requir you to tighten your abs for balan and stability at the same time you' doing crunches, leg lifts and th like. See *www.lhj.com/over40fat.*



ADVAIR® significantly improves lung function to help you breathe better.*

If you have COPD associated with chronic bronchitis, ADVAIR 250/50 may help.

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The way anti-inflammatories work in the treatment of [illegible]

Important Information: ADVAIR DISKUS 250/50 is [illegible] with COPD associated with chronic bronchitis. The benefit of using ADVAIR is evaluated. You should only take [illegible] benefits but may increase your chance of certain side effects. Lower respiratory have been reported with ADVAIR. Patients at risk for [illegible] (cataracts or glaucoma) should be [illegible] You should consider having regular eye exams while using ADVAIR.

*Measured by a breathing test in people taking ADVAIR 250/50 compared to [illegible] propionate 250 mcg or salmeterol 50 mcg. [illegible]

GlaxoSmithKline

If you don't have prescription coverage, visit pparx.org, or call 1-888-4PPA-NOW (1-888-477-2669)

ADVAIR DISKUS 250/50
(fluticasone propionate 250 mcg and salmeterol 50 mcg inhalation powder)

[illegible]

Information about ADVAIR DISKUS

ADVAIR DISKUS® 100/50, 250/50, 500/50

(fluticasone propionate 100, 250, 500 mcg and salmeterol 50 mcg inhalation powder)

What is the most important information I should know about ADVAIR DISKUS?

In patients with asthma, long-acting beta-agonist medicines such as salmeterol (one of the medications in ADVAIR) may increase the chance of death from asthma problems. In a large asthma study, more patients who used salmeterol died from asthma problems compared with patients who did not use salmeterol. So ADVAIR is not for patients whose asthma is well controlled on another asthma controller medicine such as low- to medium-dose inhaled corticosteroids or only need a fast-acting inhaler once in a while. Talk with your doctor about this risk and the benefits of treating your asthma with ADVAIR.

ADVAIR should not be used to treat a severe attack of asthma or chronic obstructive pulmonary disease (COPD) requiring emergency medical treatment.

ADVAIR should not be used to relieve sudden symptoms or sudden breathing problems. Always have a fast-acting inhaler with you to treat sudden breathing difficulty. If you do not have a fast-acting inhaler, contact your doctor to have one prescribed for you.

What is ADVAIR DISKUS?

There are two medicines in ADVAIR: fluticasone propionate, an inhaled anti-inflammatory belonging to a group of medicines commonly referred to as corticosteroids, and salmeterol, a long-acting, inhaled bronchodilator belonging to a group of medicines commonly referred to as beta-agonists. There are 3 strengths of ADVAIR: 100/50, 250/50, 500/50.

For Asthma

- ADVAIR is approved for the maintenance treatment of asthma in patients 4 years of age and older. ADVAIR should only be used if your doctor decides that another asthma controller medicine alone does not control your asthma or that you need 2 asthma controller medications.
- The strength of ADVAIR approved for patients ages 4 to 11 years who experience symptoms on an inhaled corticosteroid is ADVAIR DISKUS 100/50. All 3 strengths are approved for patients with asthma ages 12 years and older.

For COPD associated with chronic bronchitis

ADVAIR 250/50 is the only approved dose for the maintenance treatment of airflow obstruction in patients with COPD associated with chronic bronchitis. The benefit of using ADVAIR for longer than 6 months has not been evaluated. The way anti-inflammatories work in the treatment of COPD is not well defined.

Who should not take ADVAIR DISKUS?

You should not start ADVAIR if your asthma is becoming significantly or rapidly worse, which can be life threatening. Serious respiratory events, including death, have been reported in patients who started taking salmeterol in this situation, although it is not possible to tell whether salmeterol contributed to these events. This may also occur in patients with less severe asthma.

You should not take ADVAIR if you have had an allergic reaction to it or any of its components (salmeterol, fluticasone propionate or lactose). Tell your doctor if you are allergic to ADVAIR, any other medications, or food products. If you experience an allergic reaction after taking ADVAIR, stop using ADVAIR immediately and contact your doctor. Allergic reactions are when you experience one or more of the following: choking, breathing problems; swelling of the face, mouth and/or tongue; rash; hives; itching; or welts on the skin.

Tell your doctor about the following:

- If you are using your fast-acting inhaler more often or using more doses than you normally do (e.g., 4 or more inhalations of your fast-acting inhaler for 2 or more days in a row or a whole canister of your fast-acting inhaler in 8 weeks' time), it could be a sign that your asthma is getting worse. If this occurs, tell your doctor immediately.
- If you have been using your fast-acting inhaler regularly (e.g., four times a day). Your doctor may tell you to stop the regular use of these medications.
- If your peak flow meter results decrease. Your doctor will tell you the numbers that are right for you.
- If you have asthma and your symptoms do not improve after using ADVAIR regularly for 1 week.
- If you have been on an oral steroid, like prednisone, and are now using ADVAIR. You should be very careful as you may be less able to heal after surgery, infection, or serious injury. It takes a number of months for the body to recover its ability to make its own steroid hormones after use of oral steroids. Switching from an oral steroid may also unmask a condition previously suppressed by the oral steroid such as allergies, conjunctivitis, eczema, arthritis, and eosinophilic conditions. Symptoms of an eosinophilic condition can include rash, worsening breathing problems, heart complications, and/or feeling of "pins and needles" or numbness in the arms and legs. Talk to your doctor immediately if you experience any of these symptoms.
- Sometimes patients experience unexpected bronchospasm right after taking ADVAIR. This condition can be life threatening and if it occurs, you should immediately stop using ADVAIR and seek immediate medical attention.
- If you have any type of heart disease such as coronary artery disease, irregular heart beat or high blood pressure, ADVAIR should be used with caution. Be sure to talk with your doctor about your condition because salmeterol, one of the components of ADVAIR, may affect the heart by increasing heart rate and blood pressure. It may cause symptoms such as heart fluttering, chest pain, rapid heart rate, tremor, or nervousness.
- If you have seizures, overactive thyroid gland, liver problems, or are sensitive to certain medications for breathing.
- If your breathing problems get worse over time or if your fast-acting inhaler does not work as well for you while using ADVAIR. If your breathing problems worsen quickly, get emergency medical care.
- If you have been exposed to or currently have chickenpox or measles or if you have an immune system problem. Patients using medications that weaken the immune system are more likely to get infections than healthy individuals. ADVAIR contains a corticosteroid (fluticasone propionate) which may weaken the immune system. Infections like chickenpox and measles, for example, can be very serious or even fatal in susceptible patients using corticosteroids.

How should I take ADVAIR DISKUS?

ADVAIR should be inhaled through oral inhalation twice a day (morning and evening). ADVAIR should never be taken more than 1 inhalation twice a day. The full benefit of taking ADVAIR may take 1 week or longer.

If you miss a dose of ADVAIR, just skip that dose. Take your next dose at your usual time. Do not take two doses at one time.

Never stop using ADVAIR unless told to do so by your doctor because your symptoms might get worse.

Do not change or stop any of your medicines used to control or treat your breathing problems. Your doctor will change your medicines as needed.

When using ADVAIR, remember:

- Do not breathe into or take the DISKUS apart.
- Always keep the DISKUS in a level position.
- After inhalation, rinse your mouth with water without swallowing.
- Never wash any part of the DISKUS. Always keep it in a dry place.
- Never breathe into a dose, even if you think you did not receive a dose.
- Discard the DISKUS after removal from the foil overwrap.
- Do not use ADVAIR with a spacer device.

Children should use ADVAIR with an adult's help. Talk with your child's doctor.

Can I take ADVAIR DISKUS with other medications?

Tell your doctor about all the medications you take, including prescription and nonprescription medications, vitamins, and herbal supplements.

If you are taking ADVAIR, you should not take SEREVENT® DISKUS or Foradil® Aerolizer® for any reason.

If you take ritonavir (an HIV medication), tell your doctor. Ritonavir may interact with ADVAIR and cause serious side effects. The anti-HIV medicines Norvir® Soft Gelatin Capsules, Norvir Oral Solution, and Kaletra® contain ritonavir.

No formal drug interaction studies have been performed with ADVAIR.

In clinical studies, there were no differences in effects on the heart when ADVAIR was taken with usual amounts of albuterol. The effect of using ADVAIR in patients with asthma while taking more than 9 puffs a day of albuterol has not been studied.

ADVAIR should be used with extreme caution during and up to 2 weeks after treatment with monoamine oxidase (MAO) inhibitors or tricyclic antidepressants since these medications can cause ADVAIR to have an even greater effect on the circulatory system.

ADVAIR should be used with caution in people who are taking ketoconazole (an antifungus medication) or medicines broken down by the body in a similar way. These medications can cause ADVAIR to have greater steroid side effects.

Generally, people with asthma should not take beta-blockers because they counteract the effects of beta-agonists and may also cause severe bronchospasm. However, in some cases, for instance, following heart attack, selective beta-blockers may still be used if there is no acceptable alternative.

The ECG changes and/or low blood potassium that may occur with some diuretics may be made worse by ADVAIR, especially at higher-than-recommended doses. Caution should be used when these drugs are used together.

In clinical studies, there was no difference in side effects when ADVAIR was taken with methylxanthines (e.g., theophylline) or with FLONASE®.

What are other important safety considerations with ADVAIR DISKUS?

Osteoporosis: Long-term use of inhaled corticosteroids may result in bone loss (osteoporosis). Patients who are at risk for increased bone loss (tobacco use, advanced age, inactive lifestyle, poor nutrition, family history of osteoporosis, or long-term use of drugs such as corticosteroids) may have a greater risk with ADVAIR. If you have risk factors for bone loss, you should talk to your doctor about ways to reduce your risk and whether you should have your bone density evaluated.

Glaucoma and cataracts: Glaucoma, increased pressure in the eyes, and cataracts have been reported with the use of inhaled steroids, including fluticasone propionate, a medicine contained in ADVAIR. Regular eye examinations should be considered if you are taking ADVAIR.

Lower respiratory tract infection: Lower respiratory tract infections, including pneumonia, have been reported with the use of inhaled corticosteroids, including ADVAIR.

Blood sugar: Salmeterol may affect blood sugar and/or cause low blood potassium in some patients which could lead to a side effect like an irregular heart rate. Significant changes in blood sugar and blood potassium were seen infrequently in clinical studies with ADVAIR.

Growth: Inhaled steroids may cause a reduction in growth velocity in children and adolescents.

Steroids: Taking steroids can affect your body's ability to make its own steroid hormones, which are needed during infections and times of severe stress to your body, such as an operation. These effects can sometimes be seen with inhaled steroids (but it is more common with oral steroids), especially when taken at higher-than-recommended doses over a long period of time. In some cases, these effects may be severe. Inhaled steroids often help control symptoms with less side effects than oral steroids.

Yeast infections: Patients taking ADVAIR may develop yeast infections of the mouth and/or throat (thrush) that should be treated by their doctor.

Tuberculosis or other untreated infections: ADVAIR should be used with caution, if at all, in patients with tuberculosis, herpes infections of the eye, or other untreated infections.

What are the other possible side effects of ADVAIR DISKUS?

ADVAIR may produce side effects in some patients. In clinical studies, the most common side effects with ADVAIR included:

- Respiratory infections
- Throat irritation
- Hoarseness
- Sinus infection
- Yeast infection of the mouth
- Bronchitis
- Cough
- Headaches
- Nausea and vomiting
- Diarrhea
- Musculoskeletal pain
- Dizziness
- Fever
- Ear, nose, and throat infections
- Nosebleed

Tell your doctor about any side effect that bothers you or that does not go away. These are not all the side effects with ADVAIR. Ask your doctor or pharmacist for more information.

What if I am pregnant, planning to become pregnant, or nursing?

Talk to your doctor about the benefits and risks of using ADVAIR during pregnancy, labor, or if you are nursing. There have been no studies of ADVAIR used during pregnancy, labor, or in nursing women. Salmeterol may know to interfere with labor contractions. It is not known whether ADVAIR is excreted in breast milk, but both corticosteroids have been detected in human breast milk. Fluticasone propionate, like other corticosteroids, has been associated with birth defects in animals (e.g., cleft palate and fetal death). Salmeterol showed effects on fertility in rats at 180 times the maximum recommended daily dose.

What other important tests were conducted with ADVAIR?

There is no evidence of enhanced toxicity with ADVAIR compared with the components administered separately. In animal studies with doses much higher than those used in humans, salmeterol was associated with uterine tumors. Your healthcare professional can tell you more about how drugs are tested on animals and what the results of these tests may mean to your safety.

For more information on ADVAIR DISKUS

This page is only a brief summary of important information about ADVAIR DISKUS. For more information, talk to your doctor. You can also visit www.ADVAIR.com or call 1-888-825-5249. Patients receiving ADVAIR DISKUS should read the medication guide provided by the pharmacist with the prescription.

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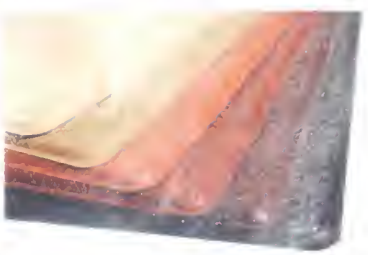
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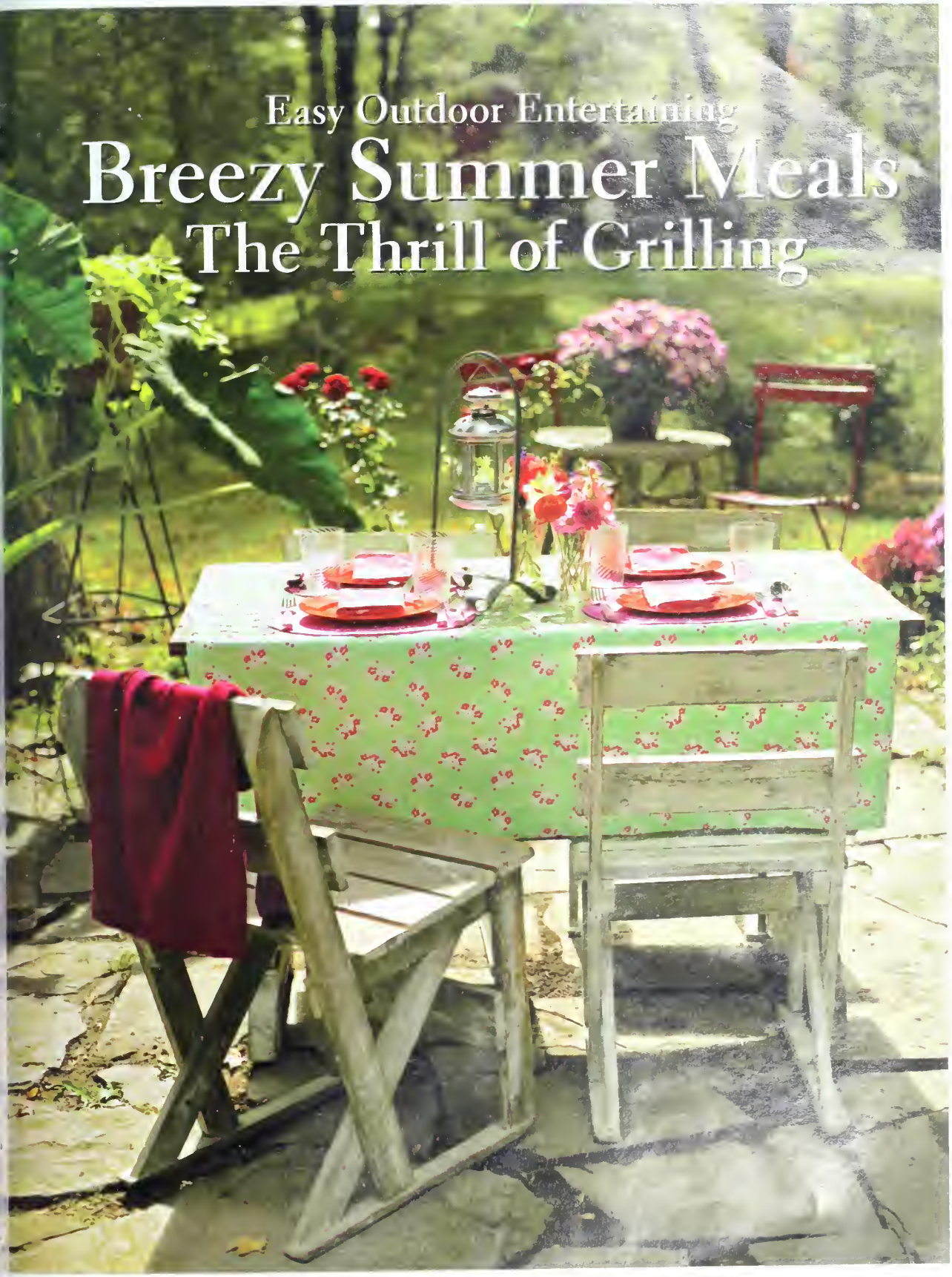


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Easy Outdoor Entertaining

Breezy Summer Meals

The Thrill of Grilling

FIRE UP THE GRILL!

Kick off the summer with a barbecue party of burgers, steak, chicken or sea scallops—and try these delicious recipes for low-fat sauces, sides and salads

Sea Scallop and Pineapple Kebabs



Chipotle Chicken
Club Burger

PHOTOGRAPHED BY JOHN KERNICK
RECIPES AND FOOD STYLING BY TARA BENCH



Grilled Chicken Cutlets and Summer Veggies With Lemon-Caper Relish

Sea Scallop and Pineapple Kebabs With Asian Noodle Salad

SERVES 6

Prep time: 35 min
Total time: 1 hr 40 min

Kitchen cue: Asian chili sauce can pack a lot of heat. If you prefer a milder dish, reduce to 1 tablespoon in the salad.

For salad:

4 [illegible] noodles
[illegible] seedless [illegible] cut into [illegible]-inch sticks
[illegible] chopped fresh cilantro
[illegible] chopped fresh basil
[illegible] green onions, cut [illegible]-inch-long pieces
2 tablespoons fresh lime juice
2 tablespoons Asian chili sauce (preferably pineapple flavored)
1 teaspoon reduced-sodium soy sauce
½ teaspoon Asian sesame oil

For kebabs:

Olive oil, for grill
1¾ lbs sea scallops
1 tablespoon fresh lime juice, plus wedges for garnish
1 tablespoon Asian chili sauce (preferably pineapple flavored)
½ pineapple, rind cut away and core discarded, cut into 1-by-½-inch chunks
4 oz fresh snow peas, blanched
2 orange bell peppers, sides sliced off core, stems and seeds discarded, cut into 1½-inch pieces
1 medium red onion, cut into 1-inch pieces
12 (10-inch) bamboo skewers, soaked in water 30 minutes

◆ *Make salad:* Cook noodles according to package instructions and drain. Rinse in cold water until cool; drain and toss with remaining ingredients in a bowl; salt and pepper to taste. Set aside.

◆ *Make kebabs:* Preheat grill and lightly oil rack. Rinse scallops and pat dry; remove small, tough muscle from side of each. Combine juice and chili sauce in a large shallow bowl. Add scallops and marinate at room temperature, turning once, about 15 minutes.

◆ Alternately thread scallops, pineapple and vegetables onto drained skewers (see photograph on page 182); season with salt and pepper. Grill over moderately high heat, turning occasionally, until golden brown and scallops are just cooked through, about 7 minutes. Transfer to serving plates with noodle salad in bowls on the side. Garnish with lime wedges, if desired.

Per serving: 215 calories, 1.5 g total fat, 0 sat fat, 263 mg sodium, 31 g carbs, 49 mg calcium, 30 mg chol, 18 g protein, 2 g fiber

Chipotle Chicken Club Burger

SERVES 8

Prep time: 40 min **Total time:** 1 hr

1½ lbs lean ground chicken
1 tablespoon plus 2 teaspoons adobo sauce from canned chipotle in adobo sauce
2 cans (11 oz *each*) tomatillos, chopped and drained
1 medium yellow onion, chopped
½ cup finely chopped fresh cilantro
3 garlic cloves, minced
2 teaspoons ground cumin
16 (6-inch) corn tortillas CONTINUED



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Natural flavor with other natural flavors


Tuscan Pork Tenderloin With Grilled Plum and Arugula Salad

- 1 green red onion, cut into 16 thin slices
- 3 medium tomatoes, cut into 16 thin slices
- 1 cup thinly shredded romaine

◆ Line 2 baking sheets with plastic wrap and set aside. Using hands, combine chicken, sauce, tomatillos, yellow onion, cilantro, garlic and cumin in a bowl. Form into 16 (3½-inch) thin patties (about ⅓ cup each). Arrange in a single layer on prepared baking sheets and freeze until firm, about 15 minutes.

LHJ.com

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◆ Meanwhile, preheat broiler. Using a 4-inch biscuit cutter, cut tortillas into 16 smaller rounds. Arrange in a single layer on a baking sheet and broil, turning once, until golden and slightly crisp, 2 to 3 minutes. Transfer on baking sheet to a rack to cool.

◆ Meanwhile, preheat grill and lightly oil rack. Grill burgers, turning once, until cooked through, 3 to 4 minutes. Transfer to a plate.

◆ *Assemble burgers:* Place 1 tortilla round on each serving plate, then top with 1 burger, 1 red onion slice and 1 tomato slice, another burger, onion and tomato slice. Top each with lettuce and tortilla round. Serve warm.

per serving: 260 calories, 6 g total fat, 1.5 g saturated fat, 27 g carbs, 200 mg sodium, 3 g dietary fiber, 24 g protein

Grilled Chicken Cutlets and Summer Veggies With Lemon-Caper Relish

Prep time: 35 min **Total time:** 45 min

For relish:

- ¼ cup finely chopped scallion, dark-green part only
- 1¼ teaspoons finely grated fresh lemon zest
- 3 tablespoons fresh lemon juice
- 2 tablespoons jarred capers, rinsed, drained and coarsely chopped
- 1½ tablespoons honey
- 1 tablespoon extra-virgin olive oil
- 1½ teaspoons Dijon mustard
- 1 teaspoon finely chopped garlic

For chicken and veggies:

- Olive oil for grill
- 2 lbs chicken cutlets or 6 boneless skinless breast halves, pounded to ½-inch thickness
- 1½ lbs eggplant, cut crosswise into ¼-inch-thick slices
- 1 lb yellow squash, cut lengthwise into ¼-inch-thick slices
- 2 orange bell peppers, sides sliced off core, stems and seeds discarded

◆ *Make relish:* Whisk together all ingredients in a bowl; set aside.

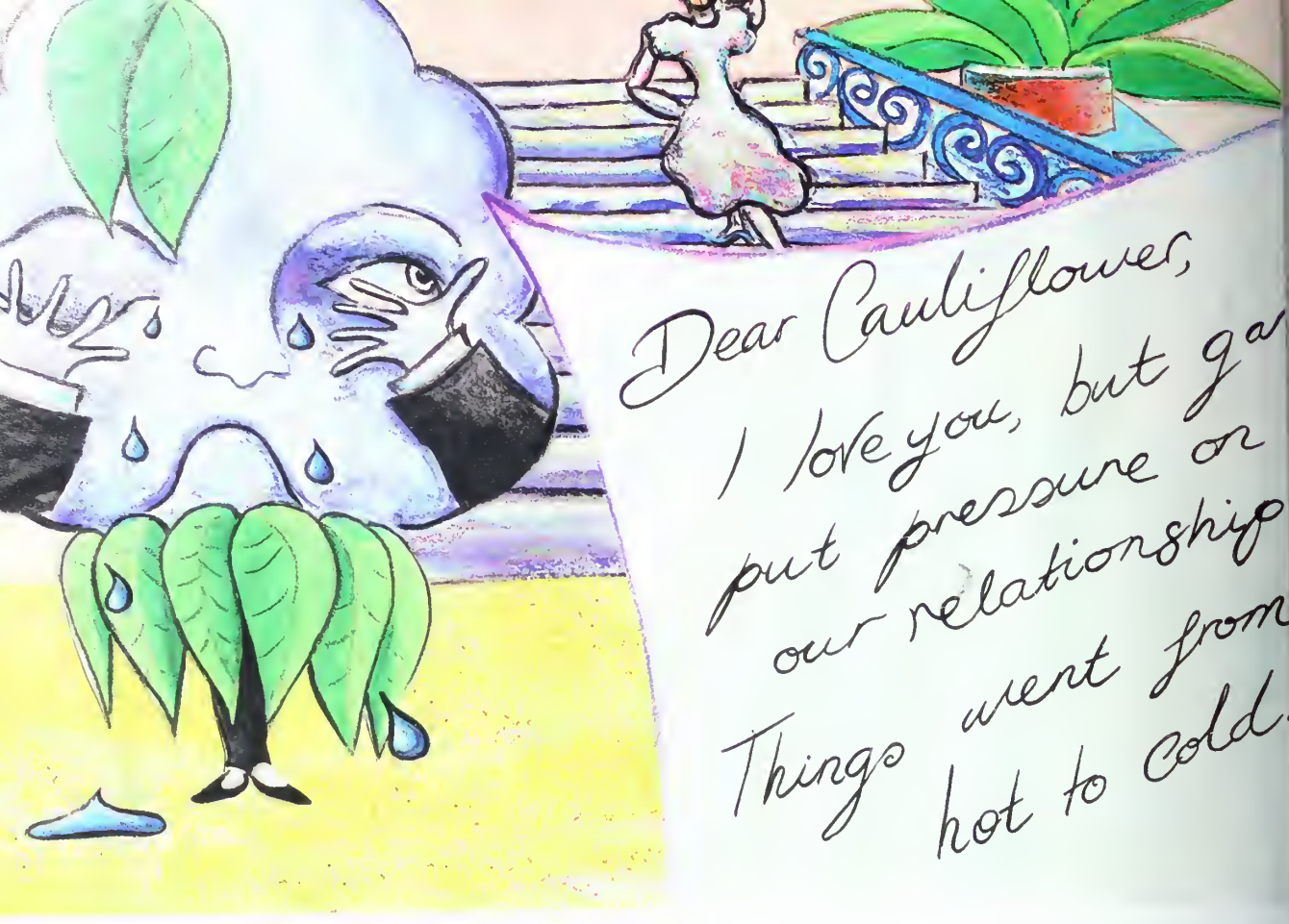
◆ *Make chicken and veggies:* Preheat grill and lightly oil rack. Rinse chicken and pat dry. Season chicken and vegetables with salt and pepper. Grill over moderately high heat, turning once, until chicken is cooked through CONTINUED



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Food Journal

and vegetables are tender, 4 to 6 minutes for chicken and 6 minutes for vegetables.

◆ Halve each cutlet crosswise and stack with vegetables on serving plates. Spoon relish over each; serve with remaining relish on the side.

Per serving: 265 calories, 4.5 g total fat, 1 g sat fat, 266 mg sodium, 18 g carbs, 99 mg [illegible] mg [illegible] g protein, 4 g fiber

Tuscan Pork Tenderloin With Grilled Plum and Arugula Salad

SERVES 4

Prep time: 25 min
Total time: 1 hr 45 min

For pork:

1 pork tenderloin (1 lb), trimmed
4 rosemary sprigs, separated into [illegible]
4 garlic cloves, cut into [illegible]
¼ cup red wine vinegar
¼ teaspoon salt
¼ teaspoon freshly ground pepper
Olive oil, for grill

For salad:

8 firm-ripe plums (about 2 lbs), halved and pitted
1 head (¾ lb) radicchio, cut into 8 wedges
4 tablespoons balsamic vinegar
½ tablespoon extra-virgin olive oil
1 teaspoon chopped fresh rosemary
½ cup baby arugula
2 tablespoons Parmigiano-Reggiano shavings

◆ *Make pork tenderloin:* Rinse pork and pat dry. Using a small sharp knife, make 15 (½-inch-deep-by-1-inch-long) slits in top and sides of pork. Fill each slit with 1 rosemary sprig and 1 garlic slice. Combine red wine vinegar, salt and pepper in a large heavy-duty resealable plastic bag. Add pork, seal bag and turn until coated well. Marinate at room temperature, turning bag occasionally, about 30 minutes.

◆ Preheat grill and lightly oil rack. Remove pork from marinade (discard marinade) and grill over moderately high heat, carefully turning occasionally so as not to dislodge garlic and rosemary, until an instant thermometer inserted in center by 2 inches registers 150°F, about 20 minutes. Transfer pork to a cutting board and let stand 10 minutes.

◆ *Make salad:* Meanwhile, toss together plums, radicchio and 3 tablespoons balsamic vinegar in a bowl; season with salt and pepper. Grill, turning occasionally and brushing with remaining vinegar in bowl, until golden brown and tender, about 4 minutes for radicchio and 6 minutes for plums.



Grilled Steak and Tomatoes With Green Bean Salad

◆ Transfer plum halves to a blender and blend with remaining 1 tablespoon balsamic vinegar, olive oil and rosemary; salt and pepper to taste for dressing.

◆ Arrange radicchio, arugula and remaining plums on a platter. Drizzle some dressing over salad and serve remaining on the side. Top salad with cheese shavings.

◆ Cut pork into thin slices and serve alongside salad.

Per serving: [illegible]

Grilled Steak and Tomatoes With Green Bean Salad

SERVES 4

Prep time: 35 min **Total time:** 1 hr

For salad:

1 cup fresh chopped beans
[illegible]

CONTINUED



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Food Journal

...cup finely chopped fresh basil
...cup finely chopped fresh chives
...cup finely chopped shallot
...tablespoons reduced-fat sour cream
...tablespoon whole grain mustard
...tablespoon tarragon or white wine vinegar
...tablespoons extra-virgin olive oil
...lb haricots verts or French green beans, trimmed
...cups fresh corn kernels (from 2 ears)
...each ...-oz boneless sirloin steaks
...each ...-inch-thick slices crusty bread
...cup crumbled ...-oz log goat cheese
...cup chopped fresh basil
...cup chopped fresh chives
...cup chopped shallot
...tablespoons extra-virgin olive oil
...tablespoons balsamic vinegar
...tablespoons Dijon mustard
...cloves garlic, minced
...tsp each salt and pepper

◆ *Make salad:* Stir together all ingredients except green beans in a bowl, for dressing. Keep chilled, covered, until ready to use. Bring a large pot of water to a boil; add salt. Add beans and cook until crisp-tender, about 3 minutes. Drain immediately and transfer to a bowl of ice and cold water; drain and pat dry. Toss with just enough dressing to coat (about 3 tablespoons) in a bowl; salt and pepper to taste. Transfer remaining dressing to a serving bowl, cover and chill.

◆ Preheat grill and lightly oil rack. Rinse steaks and pat dry. Season steaks and tomatoes with salt and pepper. Grill over moderately high heat, turning once, until tomatoes are slightly wilted and golden brown, about 4 minutes, and steak about 6 minutes for medium-rare. Grill bread, turning once, until lightly toasted, about 1 minute.

◆ Place 1 slice of bread on each serving plate; top with salad, steak and a dollop of dressing. Serve tomatoes, sprinkled with basil and chives, on the side.

Per serving: 375 calories, 12 g total fat, 4 g sat fat, 373 mg sodium, 36 g carbs, 101 mg calcium, 70 mg chol, 30 g protein, 6 g fiber

Grilled Three-Potato Salad

SERVES 6

Prep time: 10 min **Total time:** 25 min

Kitchen cue: If foil grill bags are not available, use extra-heavy-duty foil cut into 18-by-24-inch pieces; fold them in half and seal the edges to form a bag.

½ lb small purple potatoes
½ lb fingerling potatoes
½ lb small red new potatoes
1 heavy-duty foil bag



Grilled Three-Potato Salad

◆ Rinse and scrub potatoes, pat dry and halve. Place in foil bag with garlic, vinegar, oil, sweet pepper, salt and pepper. Seal bag and shake to combine.

◆ Preheat grill. Place bag on grill and cook over moderately high heat, turning occasionally, until potatoes are golden brown and tender (use caution when opening bag), about 15 minutes. Transfer to a serving bowl.

CONTINUED

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Where to Find It, page 198


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Note: [illegible] using the active Akävar-20/50 compound experienced a significant weight loss WITHOUT diet and exercise, adding a sensible diet and exercise regimen to Akävar-20/50's incredible weight-loss power.

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4 FACTS ABOUT AKÄVAR-20/50

FACT — Tests prove almost 100% success

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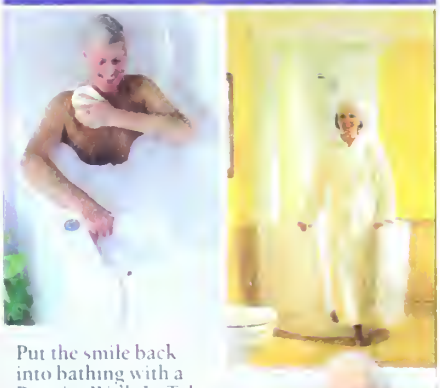


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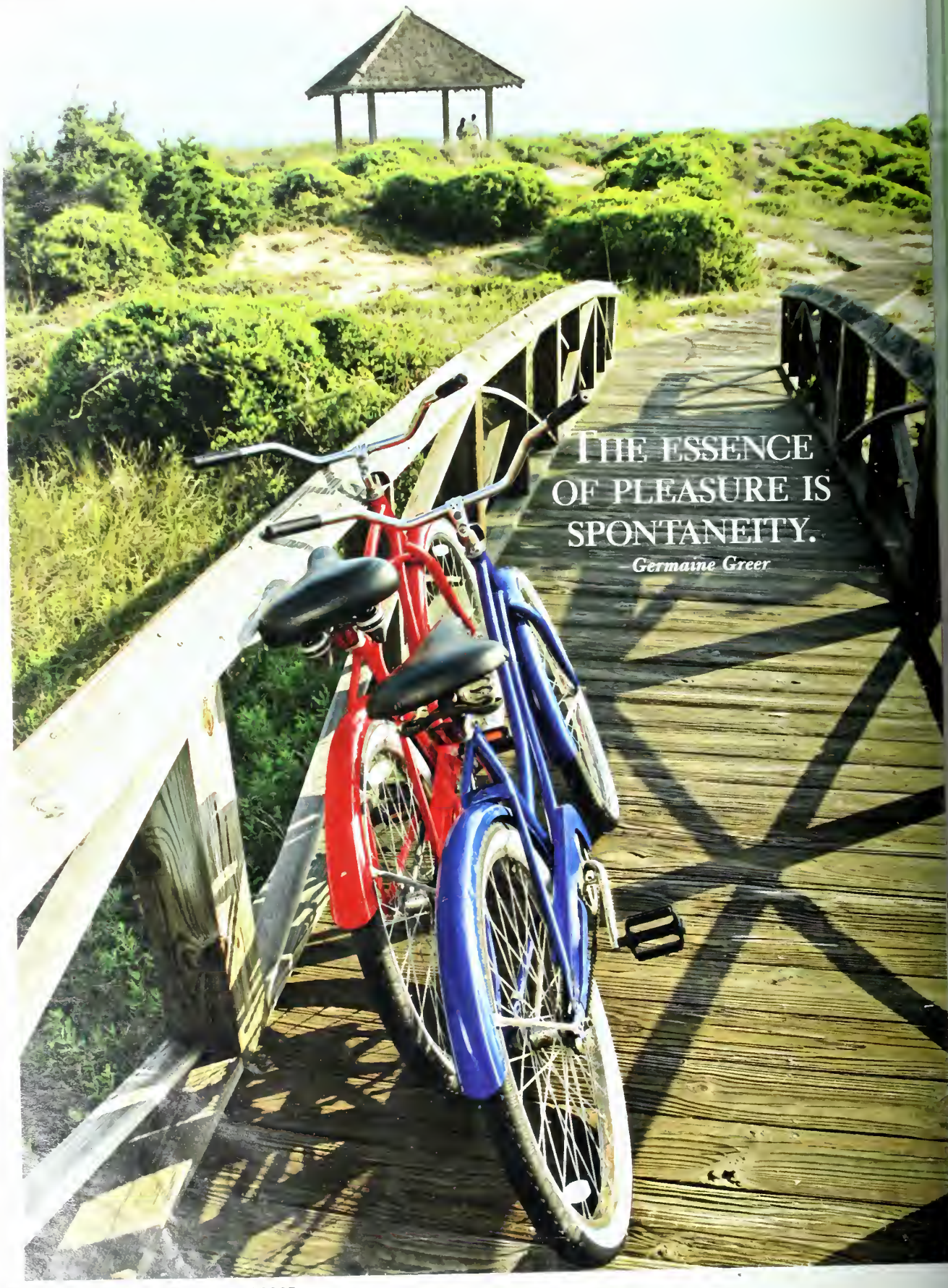
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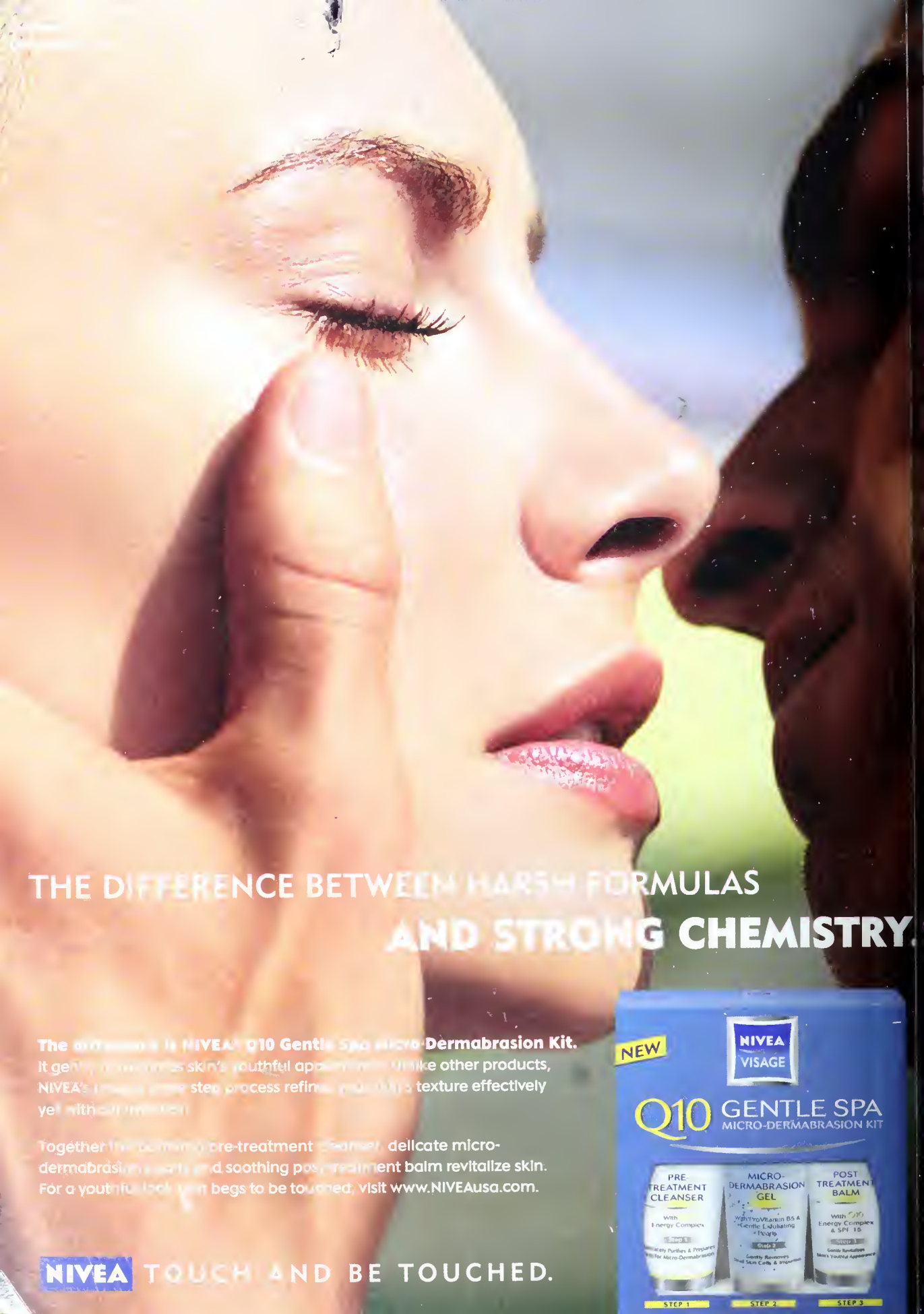
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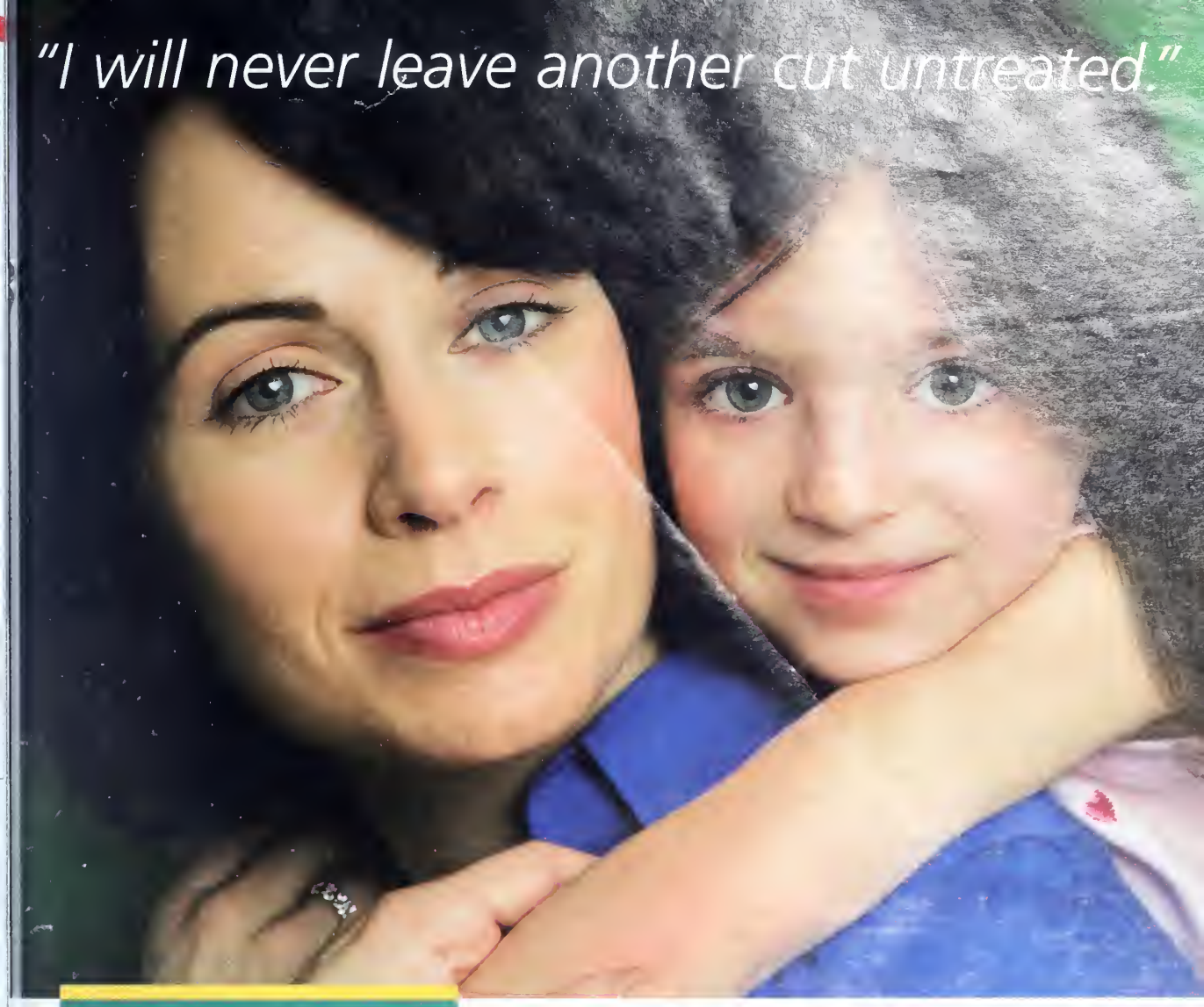
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welcome



A Meeting of the Minds

On May 9, I was honored to host both New York City's Mayor Michael Bloomberg as well as Police Commissioner Ray Kelly in conjunction with our June report by Lisa Prevost, "The Battle Over Illegal Guns." The mayor discussed his bipartisan coalition of about 220 mayors nationwide, who are committed to stopping the one percent of licensed gun dealers who are responsible for selling 60 percent of guns that go on to be used in murders and other crimes. Paul Helmke, president of the Brady Center to Prevent Gun Violence, also joined us, pointing out that "the 30,000 gun deaths a year is a monthly 9/11, a biweekly Katrina, a daily Virginia Tech." Referring to our report and the petition that went with it (see *www.lhj.com/petition*), the mayor said: "We need the public to stand up and fight for this, and *Ladies' Home Journal* couldn't be doing more to fulfill what I would argue is the Fourth Estate's responsibility to our country."





Top: Christopher Meloni, star of *Law & Order: Special Victims Unit*, New York City Mayor Bloomberg, me, Publisher Julie Pinkwater, Police Commissioner Kelly

Diane Salvatore

Diane Salvatore, Editor-in-Chief

Write to me at *lhj.deardiane@meredith.com*

REMEMBERING THE KING

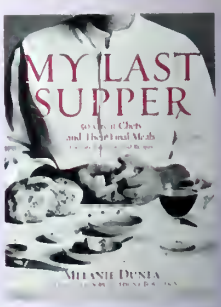


This summer is the 30th anniversary of the death of Elvis Presley. To mark the occasion, we asked award-winning writer and leading Elvis expert Alanna Nash (photo above) to talk to women who were his intimates and friends (see page 97). Nash was the first journalist to view Elvis in his casket and, she notes, the King died on her birthday. Today she owns two authenticated Tole lamps that once lit the living room at Graceland. For a slide show of Elvis's career and memories from ex-wife Priscilla Presley and costar Barbara Eden, log on to *www.lhj.com/elvis*.



Food for Thought

Melanie Dunea has shot gorgeous portraits for *Ladies' Home Journal* of Sheryl Crow, Bob and Lee Woodruff and Jamie Lee Curtis. Now, in her new limited-edition book, her mind turns to food. In *My Last Supper* she photographs and interviews 50 world-famous chefs—from Mario Batali to Jean-Georges Vongerichten—to find out what they would choose as their last meal. Available in November. Enter our sweepstakes to win one of 25 autographed copies. Details below.



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The Joys of Journaling

Feeling inspired to start a blog? Great, but don't throw away your handwritten journal just yet. Journaling and blogging serve very different functions. Blogging is a performance—you're not just writing for yourself, you're writing for a digital audience and hoping that their response will validate you. That undermines the honesty achieved when you're writing for your eyes only, says James W. Pennebaker, Ph.D., a professor of psychology at the University of Texas at Austin.

Journaling is private and therapeutic. Writing about your experiences—especially the difficult ones—can help strengthen your immune system and lower your blood pressure, according to Dr. Pennebaker, who has researched this topic for decades. Researchers are not convinced that taking your diary digital will result in the same benefits.

That doesn't mean that blogging is bad. "Blogs serve an important social function by bringing people together who otherwise wouldn't be and allowing them to learn from one another," explains Dr. Pennebaker. So when you want to compare strategies on a situation others share, like dealing with a disease or raising twins, blogging can help you connect. But when you want to search your own soul, you're better off with a pen and paper. *—Tammy Tibbetts*



Those who have "helping" jobs like the clergy and firefighters are happiest, says a new study. So why do travel agents rank third? Maybe it's the joy of aiding travelers; maybe it's the free trips.



Can You Have *Too Much* Self-Control?

People value the ability to stay in charge of their behavior when they're under pressure, whether it's turning down that piece of fudge or keeping their cool when another driver cuts them off. But it turns out that too much self-control may mean they miss out on the lighter side of life. While those who excel at controlling themselves are generally calmer and more dependable than others, they may also be more introverted and lack spontaneity, says a new study from North Dakota State University at Fargo.

Other research suggests that if you sometimes feel too buttoned-up even when everyone else is letting loose, you should just relax—literally. You can learn to manage your self-control. "People need to consider when restraint is really desirable," says study author Michael D. Robinson, Ph.D. "When the stakes are high, you should muster all your self-control. But if you're in a comfortable setting—say at a vacation dinner—realize that you can let yourself go. In fact, loosening up may help you enjoy the pleasant company or rich food to the fullest." *—Alison O. White*

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I just want to be me—without the hot flashes.

So, my doctor and I agree that a low dose of PREMPRO is right for my menopausal symptoms. That's a decision I'm comfortable with

Are hot flashes disrupting your days? Night sweats keeping you up so you're tired and moody? Does vaginal dryness make intimacy painful? If so, you deserve relief. PREMPRO may be the answer you're looking for. But it's not for everyone. Talk to your health care professional. Together, you can decide if PREMPRO is right for you. So make an appointment and find out if PREMPRO can give you the relief you need to get back to feeling like you again.

Why choose PREMPRO?

- It's the #1 prescribed hormone therapy
- It's available in flexible, low-dose options to fit your individual needs
- It's proven to help protect against the bone loss associated with postmenopausal osteoporosis
- It does not have to be taken for the rest of your life
- It did not cause weight gain when compared with placebo in a medical study

Call your health care professional to set up an appointment to talk about your menopausal symptoms and PREMPRO.

Although rare, it's important to know that there are serious side effects that have been associated with estrogen-plus-progestin therapy.

What is the most important information you should know about PREMPRO (a combination of estrogens and a progestin)?

- Do not use estrogens and progestins to prevent heart disease, heart attack, stroke, or dementia.
- Using estrogens and progestins may increase your chances of getting heart attacks, stroke, breast cancer, or blood clots. Using estrogens, with or without progestins, may increase your risk of dementia. The risk may be higher in women over 65 years or older. You and your health care provider should talk regularly about whether you still need treatment with PREMPRO.

- PREMPRO is used after menopause in women with a uterus to reduce moderate to severe hot flashes, vaginal dryness, moderate to severe dryness, itching, and burning in and around the vagina, and after menopause in women who are at risk of getting osteoporosis (thin weak bones).
- PREMPRO should be used at the lowest effective dose and for the shortest time consistent with your treatment goals and risks. If using PREMPRO only to treat your symptoms, it should not be used if you do not have symptoms. Non-estrogen treatments should be considered. PREMPRO is not approved for the prevention of postmenopausal osteoporosis.
- In a clinical trial, the most commonly reported (≥5%) side effects were similar between women taking PREMPRO 0.45 mg/1.5 mg and PREMPRO 0.625 mg/2.5 mg than with placebo. These side effects were vaginal infection, yeast or other causes, leg cramps, vaginal spotting/bleeding, and painful menstrual periods. There was no difference in the commonly reported (≥5%) side effects for women taking PREMPRO 0.45 mg/1.5 mg compared to those taking placebo.
- PREMPRO should not be used if you have unusual vaginal bleeding, have had breast cancer, have had a stroke or heart attack in the past year, have had blood clots, are allergic to any of the ingredients in PREMPRO, or think you may be pregnant.

Please see Patient Information on the following page.

Ask your health care professional about the #1 prescribed hormone therapy.

PREMPRO
(conjugated estrogens/medroxyprogesterone acetate tablets)

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PATIENT INFORMATION

PREMPRO™

(conjugated estrogens/medroxyprogesterone acetate tablets)

R only

Read this PATIENT INFORMATION before you start taking PREMPRO and read what you get each time you refill PREMPRO. There may be new information. This information does not take the place of talking to your healthcare provider about your medical condition or your treatment.

What is the most important information I should know about PREMPRO (combination of estrogens and a progestin)?

Do not use estrogens and progestins to prevent heart disease, heart attacks, strokes, or dementia. Using estrogens and progestins may increase your chances of getting heart attacks, strokes, breast cancer, or blood clots. Using estrogens, with or without progestins, may increase your risk of dementia, based on a study of women age 65 years or older. You and your healthcare provider should talk regularly about whether you still need treatment with PREMPRO.

What is PREMPRO?

PREMPRO is a medicine that contains two kinds of hormones, estrogens and a progestin.

PREMPRO is used after menopause to:

- **reduce moderate to severe hot flashes.** Estrogens are hormones made by a woman's ovaries. The ovaries normally stop making estrogens when a woman is between 45 and 55 years old. This drop in body estrogen levels causes the "change of life" or menopause (the end of monthly menstrual periods). Sometimes, both ovaries are removed during an operation before natural menopause takes place. The sudden drop in estrogen levels causes "surgical menopause." When the estrogen levels begin dropping, some women get very uncomfortable symptoms, such as feelings of warmth in the face, neck, and chest, or sudden strong feelings of heat and sweating ("hot flashes" or "hot flushes"). In some women the symptoms are mild, and they will not need to take estrogens. In other women, symptoms can be more severe. You and your healthcare provider should talk regularly about whether you still need treatment with PREMPRO.
- **treat moderate to severe dryness, itching, and burning, in and around the vagina.** You and your healthcare provider should talk regularly about whether you still need treatment with PREMPRO to control these problems. If you use PREMPRO only to treat your dryness, itching, and burning in and around your vagina, talk with your healthcare provider about whether a topical vaginal product would be better for you.
- **help reduce your chances of getting osteoporosis (thin weak bones).** Osteoporosis from menopause is a thinning of the bones that makes them weaker and easier to break. If you use PREMPRO only to prevent osteoporosis from menopause, talk with your healthcare provider about whether a different treatment or medicine without estrogens might be better for you. You and your healthcare provider should talk regularly about whether you should continue with PREMPRO. Weight-bearing exercise, like walking or running, and taking calcium and vitamin D supplements may also lower your chances of getting postmenopausal osteoporosis. It is important to talk about exercise and supplements with your healthcare provider before starting them.

Who should not take PREMPRO?

Do not take PREMPRO if you have had your uterus removed (hysterectomy).

PREMPRO contains a progestin to decrease the chances of getting cancer of the uterus. If you do not have a uterus, you do not need a progestin and you should not take PREMPRO.

Do not start taking PREMPRO if you:

- **have unusual vaginal bleeding.**
- **currently have or have had certain cancers.** Estrogens may increase the chances of getting certain types of cancers, including cancer of the breast or uterus. If you have or had cancer, talk with your healthcare provider about whether you should take PREMPRO.
- **had a stroke or heart attack in the past year.**
- **currently have or have had blood clots.**
- **currently have liver problems.**
- **are allergic to PREMPRO or any of its ingredients.** See the end of this leaflet for a list of all the ingredients in PREMPRO.
- **think you may be pregnant.**

Tell your healthcare provider:

- **if you are breastfeeding.** The hormones in PREMPRO can pass into your milk.
- **about all of your medical problems.** Your healthcare provider may need to check you more carefully if you have certain conditions, such as asthma (wheezing), epilepsy (seizures), migraine, endometriosis, lupus, problems with your heart, liver, thyroid, kidneys, or have high calcium levels in your blood.
- **about all the medicines you take,** including prescription and nonprescription medicines, vitamins, and herbal supplements. Some medicines may affect how PREMPRO works. PREMPRO may also affect how your other medicines work.
- **if you are going to have surgery or will be on bedrest.** You may need to stop taking estrogens and progestins.

How should I take PREMPRO?

- Take one PREMPRO tablet at the same time each day.
- If you miss a dose, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your normal schedule. Do not take 2 doses at the same time.
- Estrogens should be used at the lowest dose possible for your treatment only as long as needed. You and your healthcare provider should talk regularly (for example, every 3 to 6 months) about the dose you are taking and whether you still need treatment with PREMPRO.

What are the possible side effects of PREMPRO?

Less common but serious side effects include:

- Breast cancer
- Cancer of the uterus
- Stroke
- Heart attack
- Blood clots
- Dementia
- Gallbladder disease
- Ovarian cancer

These are some of the warning signs of serious side effects:

- Breast lumps
- Unusual vaginal bleeding
- Dizziness and faintness
- Changes in speech
- Severe headaches
- Chest pain
- Shortness of breath
- Pains in your legs
- Changes in vision
- Vomiting

Call your healthcare provider right away if you get any of these warning signs, or any other unusual symptoms that concerns you.

Common side effects include:

- Headache
- Breast pain
- Irregular vaginal bleeding or spotting
- Stomach/abdominal cramps/bloating
- Nausea and vomiting
- Hair loss

Other side effects include:

- High blood pressure
- Liver problems
- High blood sugar
- Fluid retention
- Enlargement of benign tumors of the uterus ("fibroids")
- Vaginal yeast infections
- Mental depression

These are not all the possible side effects of PREMPRO. For more information, ask your healthcare provider or pharmacist.

What can I do to lower my chances of getting a serious side effect with PREMPRO?

- Talk with your healthcare provider regularly about whether you should continue taking PREMPRO.
- See your healthcare provider right away if you get vaginal bleeding while taking PREMPRO.
- Have a breast exam and mammogram (breast X-ray) every year unless your healthcare provider tells you something else. If members of your family have had breast cancer or if you have ever had breast lumps or an abnormal mammogram, you may need to have breast exams more often.
- If you have high blood pressure, high cholesterol (fat in the blood), diabetes, are overweight, or if you use tobacco, you may have higher chances for getting heart disease. Ask your healthcare provider for ways to lower your chances of getting heart attacks.

General Information about the safe and effective use of PREMPRO

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not take PREMPRO for conditions for which it was not prescribed. Do not give PREMPRO to other people, even if they have the same symptoms you have. It may harm them.

Keep PREMPRO out of the reach of children.

This leaflet provides a summary of the most important information about PREMPRO. If you would like more information, talk with your healthcare provider or pharmacist. You can ask for information about PREMPRO that is written for health professionals. You can get more information by calling the toll free number 800-934-5556.

What are the ingredients in PREMPRO?

PREMPRO contains the same conjugated estrogens found in Premarin which are a mixture of sodium estrone sulfate and sodium equilin sulfate and other components including sodium sulfate conjugates, 17α-dihydroequilin, 17α-estradiol and 17β-dihydroequilin. PREMPRO also contains either 1.5, 2.5, or 5 mg of medroxyprogesterone acetate. PREMPRO also contains calcium phosphate tribasic, calcium sulfate, carnauba wax, cellulose, glyceryl monooleate, lactose, magnesium stearate, methylcellulose, pharmaceutical glaze, polyethylene glycol, sucrose, povidone, titanium dioxide, black iron oxide, and yellow ferric oxide or red ferric oxide or FD&C Blue No. 2.

PREMPRO therapy consists of a single tablet to be taken once daily.

PREMPRO 0.3 mg/1.5 mg

Each carton includes 3 EZ DIAL® dispensers containing 28 tablets. One EZ DIAL dispenser contains 28 oval, cream tablets containing 0.3 mg of the conjugated estrogens found in Premarin tablets and 1.5 mg of medroxyprogesterone acetate for oral administration.

PREMPRO 0.45 mg/1.5 mg

Each carton includes 3 EZ DIAL dispensers containing 28 tablets. One EZ DIAL dispenser contains 28 oval, gold tablets containing 0.45 mg of the conjugated estrogens found in Premarin tablets and 1.5 mg of medroxyprogesterone acetate for oral administration.

PREMPRO 0.625 mg/2.5 mg

Each carton includes 3 EZ DIAL dispensers containing 28 tablets. One EZ DIAL dispenser contains 28 oval, peach tablets containing 0.625 mg of the conjugated estrogens found in Premarin tablets and 2.5 mg of medroxyprogesterone acetate for oral administration.

PREMPRO 0.625 mg/5 mg

Each carton includes 3 EZ DIAL dispensers containing 28 tablets. One EZ DIAL dispenser contains 28 oval, light-blue tablets containing 0.625 mg of the conjugated estrogens found in Premarin tablets and 5 mg of medroxyprogesterone acetate for oral administration.

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Store at 20° - 25°C (68° - 77°F); excursions permitted to 15° - 30°C (59° - 86°F) [see USP Controlled Room Temperature].

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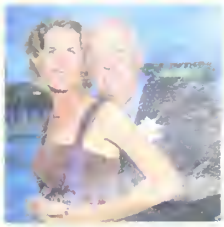
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ARE YOU TOO SENSITIVE?

In a world that treasures toughness, being thin-skinned is no fun. Learn how to embrace your empathetic soul and sidestep the suffering

By Sally Koslow

Years ago, on a road trip, my husband pulled into a McDonald's. "Let's stop here," he said. "It's your kind of place."

As someone who prefers a charming bistro, or at least a funky diner, I was perfectly insulted, and my crestfallen face let him know it. He looked at me as if I were from Antarctica—the only continent on earth where you can't buy a Big Mac—and said, "'It's your kind of place' is the old McDonald's slogan. Don't be so sensitive!"

Ah. I'd heard that last bit before. From the time I was a small, solemn child with tears that flowed faster than you could say "just kidding," I've been accused of being thin-skinned. And it's true: I'm routinely flattened by remarks or facial expressions that others shrug off. So where does this extreme touchiness come from?

From our genes, among other sources, say experts. According to Jerome Kagan, Ph.D., a professor of psychology at Harvard University, while our genes do not dictate the nature of our temperament, they are an influencing factor. Tracking children from infancy through adolescence, Dr. Kagan found that a moody teenager was likely to have been a more fretful, standoffish toddler than the bolder, instinctively sociable children in the playroom.

"Up to 15 percent of us are born into the temperamental category called 'inhibited,'" says Bonnie Jacobson, Ph.D., director of the New York Institute for Psychological Change. "These are the people who are often labeled 'hypersensitive.' An equal number are born 'uninhibited,' and they demonstrate sociability and curiosity about the unfamiliar. The majority fall somewhere in between."



But if nature were the only factor, the babies and toddlers who cry at every loud noise and aggressive grown-up would all graduate into neurotics who overreact to every muttered comment and sideways glance. Yet scientists say that many children outgrow their early prickliness. For those who don't, it's mostly a matter of nurture. "An environment that responds to the needs of sensitive children may result in their moving through life less fearful and self conscious," explains Dr. Jacobson. "But inhibited children with overprotective parents can become even more fearful and touchy if they're constantly criticized."

And let's face it, this happens a lot. Consider the people-magnet cherub who coos at everyone and then think about the infant who is frightened of strangers and wails when she's startled. "The compliant baby gets more positive attention, which helps her become even more secure," explains Paul Dobransky, M.D., a Chicago-based psychiatrist. "Because people are less drawn to the sensitive baby, she gets less positive attention. Meanwhile, if the parents of a highly sensitive child get upset by the child's tears, angry outbursts, moodiness and reactions instead of helping the child modulate her distress, the child can feel 'unseen' and possibly unloved. She can become even more sensitive and the parents more frustrated." Before long, I'd wager, that timid tot will be an anxious little worrywart who feels slighted by the most innocuous remark.

All of which is not to suggest that being thick-skinned is such an enviable temperamental trait. Indeed, as we delicate flowers see it, the problem is not with us but with all those sturdy Teflon-coated types who lack the emotional sonar to pick up on the painfully obvious and the obviously painful. Remember Brad Pitt, whose boorish behavior ex-wife Jennifer Aniston attributed to a missing "sensitivity chip"?

And he has lots of company. "We'd all like to think that, on the sensitivity continuum, we usually hit the right note—tuned in to our own feelings yet sensitive enough to others to understand theirs," says Tina B. Tessina, Ph.D., a psychotherapist from Los Angeles. "Unfortunately, the world is full of emotional klutzes who don't realize the impact of their own words and actions." Moreover, beyond these unintentional oafs are the outright meanies who, frankly, do wish us harm. "A cruel person may try to relieve her pain by inflicting some on you," Dr. Tessina suggests.

Cruelty, at least, is a malady that rarely strikes the sensitive. And, in fact, while it's easy to dwell on the downside of being thin skinned, the pluses are many and varied. "Sensitive people encourage others to feel that their opinions matter, they're usually good listeners and they're naturally empathetic," Dr. Jacobson says. "And because they are so acutely aware of their own imperfections, they tend to be patient with the imperfections of others."

Lyndoria Davis, a divorced single mom from Round Rock, Texas, has long struggled with being "one of those people who takes everything personally." If someone doesn't speak to her, she is quick to assume that it's because she has said or done something to upset that person. On the flip side, however, Davis says, "my family tells me that my sensitivity makes me a kind, considerate and compassionate person. I take a lot of pride in that."

In Davis's case, being sensitive contributes to healthy self esteem. But the pendulum can easily swing the other way, too—where, like the princess and the pea, you feel every tiny bump so intensely that you suffer more than is reasonable. The key, as with so much else in life, is keeping things in perspective.

CONTINUED

"I don't think I'm too sensitive, but my kids have a knack for pressing my buttons," says Becki Woodsmall, a mother of five from Bedford, Indiana. "The other day, for instance, my daughter was programming her new phone with a distinct ring for each family member. Innocently, I asked what mine was. My son-in-law suggested the song with the line 'It's my party, and I'll cry if I want to,' laughing. My feelings were hurt big time, but I knew if I showed it, matters would only get worse. So I swallowed my wounded pride."

The idea, in short, is not to become less sensitive but to be less reactive to your sensitivity. You'll never be a tough cookie, but you can look like one, at least some of the time.

But training yourself not to take the bait doesn't mean you should ignore your gut, since strong instincts are among sensitive people's greatest assets. "Sensitivity is an awareness of attitudes, a hyperalertness that you may not even be able to verbalize," says Marianne J. Legato, M.D., medical adviser to *Ladies' Home Journal* and an expert on gender differences.

It's also more prevalent in women. "In multiple studies, women have been shown to be more intuitive, which makes them more sensitive than men," says Judith Orloff, M.D., an assistant clinical professor of psychiatry at UCLA. "Studies also reveal that women show more empathy and patience, whereas men are inclined toward problem-solving and are more comfortable with the language of logic than of emotion. In Western culture, especially, males are taught that it isn't macho to be sensitive and show emotion. Women are given more support to express their feelings than men are."

> THE PROBLEM, SENSITIVE SOULS BELIEVE, LIES WITH THE TEFLON-COATED TYPES WHO LACK EMOTIONAL SONAR

"It's less that women are more sensitive than that they have more invested in getting along," adds Dr. Legato, the author of *Why Men Never Remember and Women Never Forget*. "Women like to bond with others and work toward the goal of mutual cooperation. Males, by contrast, tend to be oriented toward immediate results."

While these "feminine" characteristics may foster deep personal relationships, they can be a hindrance in the workplace. "As a kid, I was always a 'crybaby.' Now, at work, I have trouble confronting people without getting upset," admits one graphic designer from Kansas City. "I hate it that my behavior confirms the stereotype that women are too emotional to compete in a male-driven corporate world."

But the sensitivity gender gap can hit close to home, too—as a recent tiff I had with my husband illustrates all too well. At the end of a long day, my computer gobbled an entire afternoon's labor as if it were auditioning for the part of the carnivorous plant in *Little Shop of Horrors*. I was beyond meltdown as I shrieked for my husband's help.

"What did you do?" he asked me, sounding like a cop shaking down a suspect.

"What I always do," I answered, teeth clenched. "I saved the file."

"You *must* have done something wrong."

"Don't speak to me like that," I replied, tears welling.

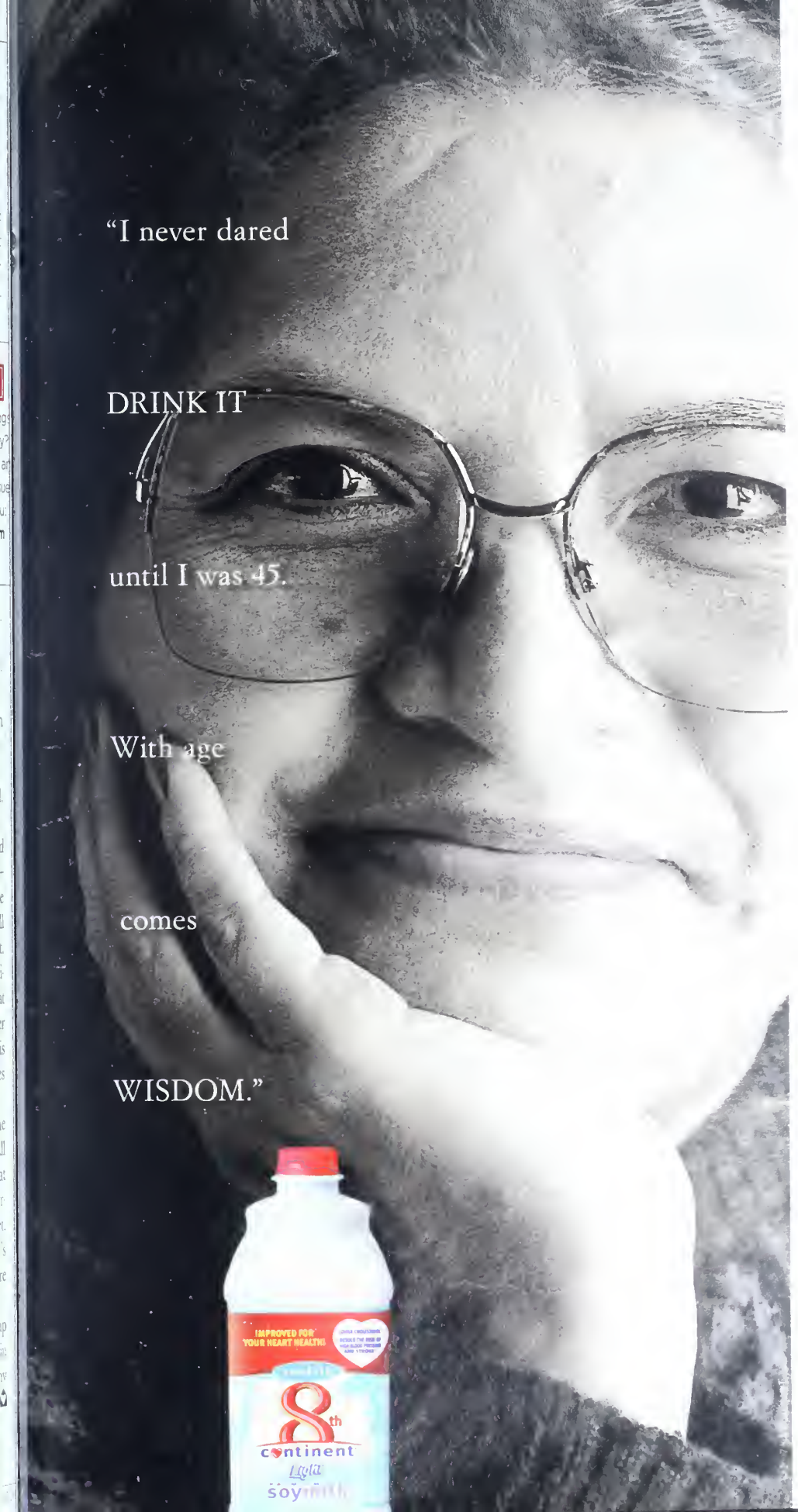
That night, after we'd both calmed down—and the lost file had been retrieved—he explained that by asking what I did he was simply trying to retrace my steps. But all I heard was that he was calling me an idiot. Which illustrates a basic principle of sensitivity: Sometimes we're reacting not to what people say, but to how they say it. (Another characteristic shared by sensitive people is an almost canine ability to hear certain tones to which others are deaf.)

Was my husband tactless? I believe he was. Did I overreact? Guilty as charged. All of which goes to show that the point at which perceptive awareness ends and oversensitivity begins is an ever-moving target. Who's ultimately at fault? Sometimes it's me, sometimes it's you, sometimes we're both behaving badly.

Sensitive soul that I am, I'll take the rap on all of the above. But, please, be gentle in laying it on me. Otherwise, you'll hurt my feelings.

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You probably think soymilk is a bit weird. And that's okay. Because we know that after one wonderful taste of 8TH CONTINENT SOYMILK, which contains ingredients that can help LOWER CHOLESTEROL and REDUCE the RISK of HIGH BLOOD PRESSURE and STROKE, you'll come around.

**SOUNDS WEIRD,
BUT IT'S WONDERFUL**

The Secret to Soul Satisfaction

Has the desire to acquire sucked the joy out of your life? Learn how to end envy and embrace true gratitude

Imagine a new reality show called *What's in Your Closet?* The hostess, acting like your best girlfriend, goes through your closet, asking why you own this dress or that pair of shoes. You must answer honestly.

So, how many items in your closet did you buy because you just had to zip up the latest trend or because you felt a teeny bit jealous about the way your coworker always looks so chic? Are there things in your closet you bought out of wardrobe boredom or because of general discontent?

Now let me add that there is nothing wrong with wanting to look nice or trying to better your life. Discontent, in the proper perspective, is actually something God uses to move us in a new direction.

But discontent becomes unhealthy when your desire to acquire becomes your life focus. In fact, at that point, your possessions begin to possess you, and your discontent becomes a short leash that controls you and holds you back from experiencing the abundant life God created you to enjoy.

True contentment must be learned. Here are the steps to lead the way:

Stop looking over your shoulder

There will always be people who appear to be better off than you are, but bear in mind that you don't know their real circumstances.

Many years ago I counseled a husband who said he wished his wife could be more like so-and-so—and he named a woman in our congregation. What he didn't know was that the woman was an alcoholic who was causing awful stress for her family.

The key to real gratitude

Learning to be content requires that you stop any "when and then" thinking: "When I am _____, then I'll be happy." (You fill in the blank.)

You may actually be content for a little while if you get what's on your list, but it won't last. Someone else or something else will come along and drain the contentment from your life.

Look at all that God has given you. So often we allow what we *don't* have to dominate our focus to the point that we forget the many wonderful things we already do have—the important blessings of family and friends.



Give yourself to others

If you begin giving yourself to others, sharing things you have, your time and your talents, you will find yourself learning to be content. Helping others will give you an appreciation for what you have and who you are but, more important, you'll find yourself growing content.

Look to the eternal

The real secret to becoming content is focusing on things that have eternal value. Jesus said we should store up our treasures in Heaven, and not on earth "where moth and rust destroy, and where thieves break in and steal."

Think about the things in your life: What will last forever? What will last only a few short years or months—even days? On the basis of eternal value, what things are most important? Where—and with whom—should you invest most of your time and energy?

By reorganizing your life around such eternal priorities, you will find yourself growing in contentment as you live according to God's design and purpose.

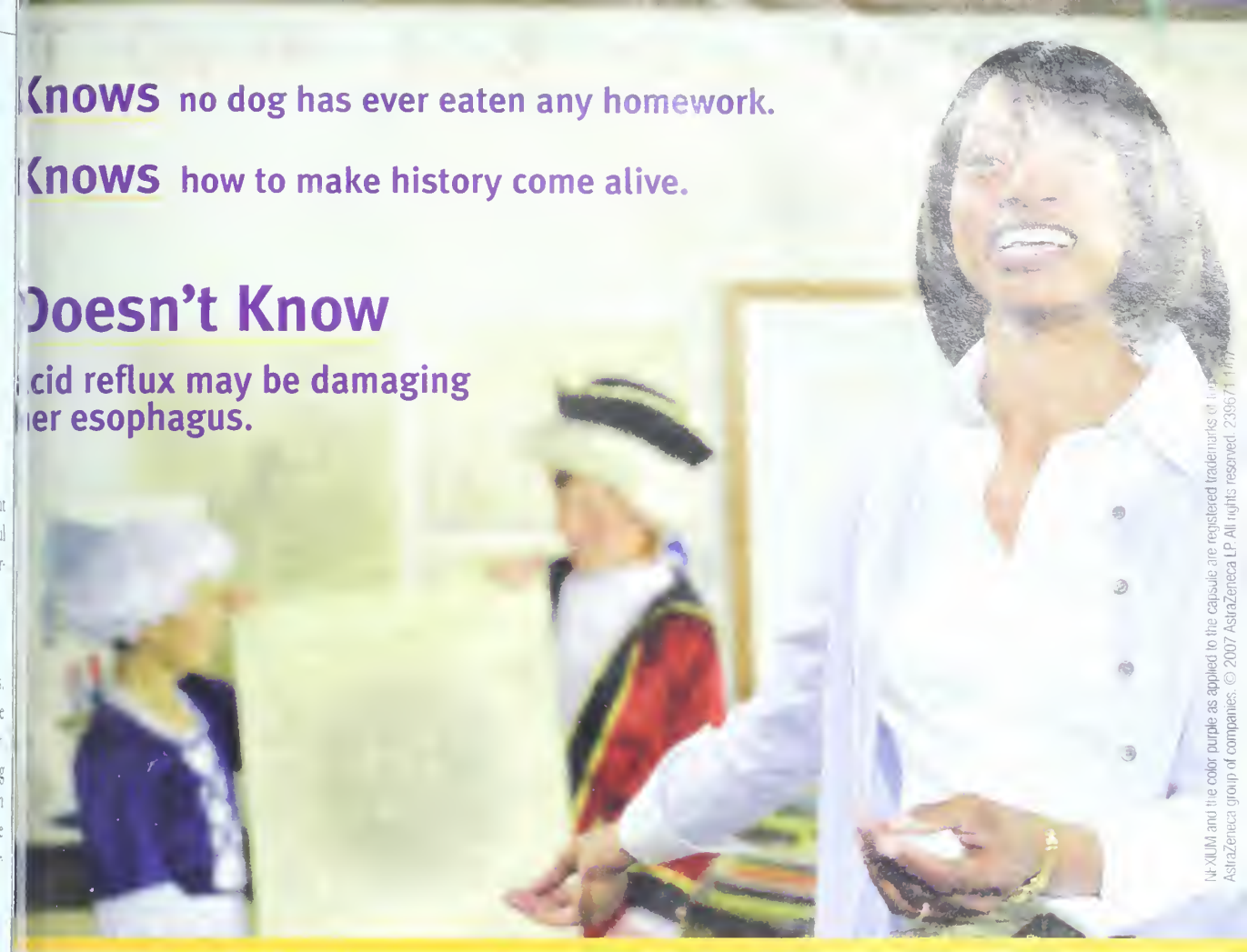
You can learn more about living The Purpose Driven Life *by going to* www.purposedrivenlife.com *or by e-mailing Rick Warren at askrickanything@purposedrivenlife.com.*

Knows no dog has ever eaten any homework.

Knows how to make history come alive.

Doesn't Know

cid reflux may be damaging
ier esophagus.



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Nexium.

NEXIUM can heal the damage caused by acid reflux disease.

If you suffer from acid reflux disease — persistent heartburn 2 or more days a week, despite treatment and diet change — you could have damage to your esophagus and not even know it. This damage can occur over time from acid wearing away the lining of the esophagus, and if left untreated, it could get worse. About 1 in 3 people with acid reflux disease have this condition,* called erosive esophagitis. Only your doctor can determine if you have this condition.

However, one prescription NEXIUM pill a day not only can provide 24-hour heartburn relief, but for many, can heal even the most severe erosions in the esophagus caused by acid reflux. Most erosions heal in 4 to 8 weeks. Your results may vary.

NEXIUM has a low occurrence of side effects, which may include headache, diarrhea, and abdominal pain. Symptom relief does not rule out other serious stomach conditions.

Please read the important Product Information about NEXIUM on the adjacent page and discuss it with your doctor.

For a **FREE TRIAL OFFER**, visit **purplepill.com** or call **1-888-PURPLEPILL (888-787-7537)**.

If you are without prescription coverage and can't afford your medication, AstraZeneca may be able to help.

*Source: AstraZeneca Data on File: DA-NEX-58

Nexium®
(esomeprazole magnesium)

AstraZeneca

IMPORTANT INFORMATION ABOUT NEXIUM

Please read this summary carefully and then ask your doctor about NEXIUM.

No advertisement can provide all the information needed to determine if a drug is right for you. This advertisement does not take the place of careful discussions with your doctor. Only your doctor has the training to weigh the risks and benefits of a prescription drug.

WHAT IS NEXIUM?

NEXIUM is a type of medicine called a proton pump inhibitor (PPI) and is used to treat acid reflux disease, also known as gastroesophageal reflux disease (GERD). GERD is a chronic condition that occurs when acid from the stomach backs up into the esophagus (food pipe) causing symptoms, such as heartburn, or changes to the lining of the esophagus. Common symptoms include frequent and persistent heartburn, a sour or bitter taste in the mouth, and difficulty swallowing.

For adults, NEXIUM is prescribed for the treatment of GERD symptoms. NEXIUM may also be prescribed to heal acid-related damage to the lining of the esophagus (known as erosive esophagitis), and to maintain this healing. Studies with NEXIUM did not go beyond 6 months.

For adolescents 12 to 17, NEXIUM is approved for the short-term treatment (up to 8 weeks) of GERD.

NEXIUM is available in two dosage strengths (20 mg and 40 mg). Only your doctor can prescribe the dose that's right for you.

HOW DOES NEXIUM WORK?

The lining of your stomach has millions of special cells. They make acid through "acid pumps." This acid is produced to help digest the food you eat. Sometimes the acid backs up into your esophagus causing you to feel a burning sensation of heartburn. Over time, acid can wear away or erode the lining of the esophagus. This condition, called erosive esophagitis (or EE), is a more serious effect of acid reflux disease, and only a doctor can determine if you have this damage.

NEXIUM can turn off some of these acid pumps. This reduces the chance of heartburn and other acid reflux disease symptoms. For many people, one NEXIUM pill a day can relieve heartburn symptoms for 24 hours.

For patients with EE, NEXIUM heals most erosions in the esophagus within 4 to 8 weeks. Your results may vary.

WHO SHOULD NOT TAKE NEXIUM?

You should not take NEXIUM if you:

- have ever had an allergic reaction to the active ingredient, esomeprazole magnesium trihydrate
- have ever had an allergic reaction to any of the following inactive ingredients in NEXIUM (including the capsule shells): glyceryl monostearate 40-55, hydroxypropyl cellulose, hypromellose, magnesium stearate, methacrylic acid copolymer type C, polysorbate 80, sugar spheres, talc, triethyl citrate, gelatin, FD&C Blue #1, FD&C Red #40, D&C Red #28, titanium dioxide, shellac, ethyl alcohol, isopropyl alcohol, n-butyl alcohol, propylene glycol, sodium hydroxide, polyvinyl pyrrolidone, and D&C Yellow #10.
- are allergic to any PPI medication
- are younger than 12 years of age
- are pregnant, think you may be pregnant, or are planning to become pregnant
- are breast-feeding

HOW SHOULD I TAKE NEXIUM?

NEXIUM should be taken only when prescribed by a doctor. Follow his or her instructions about when and how to take NEXIUM. If you are unsure or have questions, ask your doctor.

One NEXIUM pill should be taken once per day, or as prescribed by your doctor. Take it at least 1 hour before a meal. Swallow the pill whole. If you have a hard time swallowing the pill, you can empty it into a tablespoon of applesauce. Be sure to eat it right away. Never chew or crush it. Never store it for later use.

WHAT SHOULD I TELL MY DOCTOR BEFORE TAKING NEXIUM?

Before taking your medication, tell your doctor if you:

- are taking any other medication, including any over-the-counter (OTC) medication
- have suffered any allergic reaction to any medication
- have or have had severe liver damage
- are pregnant, think you may be pregnant, or are planning to become pregnant
- are breast-feeding
- are taking a blood thinner (such as Coumadin® or warfarin)
- are taking a drug to treat or prevent fungal infections (such as ketoconazole)
- are taking a drug for HIV treatment called atazanavir

WHAT ARE THE POSSIBLE SIDE EFFECTS OF NEXIUM?

In adults, side effects with NEXIUM may include headache, diarrhea, and abdominal pain.

In adolescents 12-17, side effects with NEXIUM may include headache, diarrhea, abdominal pain, and nausea.

NEXIUM may cause other side effects besides those listed here. If you have any side effects or symptoms that you are concerned about, talk with your doctor.

Symptom relief with NEXIUM does not mean other serious stomach conditions do not exist.

HOW SHOULD I STORE NEXIUM?

NEXIUM should be stored at room temperature (25°C, 77°F). Keep your pills in the bottle they came in. Keep the pills away from children. If your doctor tells you to stop treatment, throw out the pills. Do not take your pills after the date of expiration on the bottle has passed.

WHERE CAN I GET MORE INFORMATION ABOUT NEXIUM?

Talk to your doctor about NEXIUM. You can obtain full prescribing information and other details by visiting **www.purplepill.com** or calling 1-800-236-9933.

GENERAL ADVICE

It is important to take NEXIUM as prescribed and to discuss any changes you experience while taking NEXIUM with your doctor. You should only use NEXIUM for a condition for which it has been prescribed. Do not give NEXIUM to other people, even if they have the same medical condition you have. Keep NEXIUM and all medicines out of the reach of children.

NOTE: This summary provides important information about NEXIUM. For more information, please ask your health care professional or doctor about the full prescribing information and discuss it with him or her.

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Visit **www.purplepill.com**. Or, call the Information Center at AstraZeneca toll-free at **1-800-236-9933.**

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Reveal the goddess in yo



Your Hair Color, Only Better

1 Time-to-Five Style

Sweet Summer Lips

Where to Find It, page 154



Lovely Lip Tints

Shine the spotlight on your lips with a sexy berry shade in a summer-friendly lipstick texture. These deliver a pop of color that's dark enough to make an impact but sheer enough not to overpower.

* **CoverGirl TruShine Lipcolor in Cherry Shine,** $5.99, pictured on our model, brightens any complexion.

* **Chanel Aqualumière Sheer Colour Lipshine SPF 15 in Catalina,** $25, a deep plum, looks fantastic on fair skin.

* **Milani's Shine On Lipstick in Rose Blush,** $2.99, complements both medium and dark skin tones equally.



Putting on the Spritz

Revel in these last days of summer with fragrance mists. Just like traditional perfume, fragrance mists contain fragrance oil but in much smaller concentrations. Spray them liberally over your skin, hair—even linens—for an all-day pick-me-up.

Summer's Modern Mists (from left):

* Sweet pear flower and lotus notes are grounded with an earthier musk in **Gap Body's Sugarsnap Body Mist,** $16.50.
* Super-feminine freesia and jasmine flowers mellow when combined with aromatic peach blossoms in **Calgon Peach Blossoms Body Mist,** $6.95.
* Peach and cherry blossoms mingle with woody-floral white jasmine in **Victoria's Secret Refreshing Body Mist in Love Spell,** $9.

Summer Skin Safety

Sunscreens top our list of summer must-haves, but antioxidant serums run a really close second. Antioxidants can help protect the skin from the damage inflicted by sunlight, boost the skin's ability to repair itself and, when delivered in a lightweight serum form, can be topped with sunscreen without it feeling greasy. Find these skin savers in Garnier Nutritioniste's Skin Renew Daily Regenerating Serum, $12.99, with lycopene and a magnesium complex for extra hydration; Kiss My Face C the Change, $19, with vitamin C ester, which helps stimulate collagen and refine wrinkles; and Estée Lauder Idealist Pore Minimizing Skin Refinisher, $46.50, which helps keep pores clean and contains mulberry and vitamins C and E.

GARNIER

NUTRISSE

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Only Nutrisse nourishes with grape seed and **now** double the avocado oil.

- Nourished hair [illegible]
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"What just got even more fabulous? my haircolor!"



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GARNIER

Take Care

Sarah Jessica Parker is wearing Acorn #60

NEW COLUMN

Pedicure

IN THIS NEW FEATURE, WE GIVE YOU THE ADVICE YOU NEED TO MAKE EVERY BEAUTY EXPERIENCE A SUCCESSFUL ONE!

You'll Know You Got a Great Pedicure When:

YOU TOOK EXTRA PRECAUTIONS BEFORE THE APPOINTMENT

Skip shaving your legs on the days before and after your visit. "Shaving creates tiny cuts in the skin that can allow bacteria to enter," notes Robert Cleary, product director at Dashing Diva nail salons. Similarly, allow any infected areas on your feet to heal before your visit. Also, consider bringing along your own pedicure kit.

YOU WENT TO A PROFESSIONAL SHOP

By confirming that the nail technicians are licensed by the state and follow proper health protocol, such as washing their hands before the treatment and applying a sanitizer, you can minimize the odds of catching infections through tears in the skin or the nail itself.

Ask how the salon sterilizes tools between each client's visit. Metal nail tools should receive 10 minutes of either "autoclaving," a sterilization method also used in dental offices—or soaking in an EPA-approved disinfectant. Disposable items, such as wooden sticks, should be tossed after every client.

Footbaths, a breeding ground for bacteria, should be drained and cleansed with bleach and antiseptic between each client. Even better, visit salons that offer disposable plastic basin liners. Finally, "never place your feet in a basin that's already filled and waiting for you," advises Alexander Fish, M.D., a podiatrist and foot surgeon.

YOUR ENTIRE FOOT GOT TLC AND PROPER TOOLS WERE USED

A top-notch pedicure includes cleansing, exfoliating and moisturizing the entire foot, as well as trimming, shaping and polishing the toenails. Calluses should be exfoliated with a pumice stone or foot file and never shaved with a razor blade, which can "increase the risk of infection and create a thicker callus," according to Dr. Fish. Nails should be clipped straight across to prevent them from becoming ingrown. Finally, cuticles should be gently pushed back, but never cut, in order to avoid infections.

YOUR TOES LOOK PRETTY AND YOUR FEET FEEL GREAT

The foot massage, which improves circulation and makes your tired feet feel sublime, is a pedicure essential. Finally, time for color! A base coat, two coats of polish, topcoat and at least 20 minutes' drying time should give you at least three weeks of chip-free color. —*Erica Metzger*



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YOU LOVE BEING BLONDE!
Whether your golden locks are natural or you work hard at maintaining that most famous of hair colors, you've likely considered giving different blonde intensities a whirl. But before you decide to go lighter or darker, remember the top rule of hair color change: The further you stray from your current color, the more damaged your hair will be. Overall, pros advise remaining within two levels (the scale by which hair color is measured) in either direction. "When you go too far, the hair texture that you feel today will be gone tomorrow," warns Gretchen Monahan, Dove Hair Care celebrity stylist and owner of Grettacole Salon, in Boston.

GO LIGHTER
Before doing anything else, consider your skin tone. If you're fair-skinned, don't go too light to avoid looking washed out or tired. Do you have medium to dark skin with olive undertones? Then choose shades that are described as "cool." Next, how long do you want this new color to stick around? Permanent color lasts until the next time you dye it, demi-permanent color lasts about a month and semipermanent color lasts approximately a week. We like: L'Oréal Paris Natural Match, $11.99, a permanent formula featuring three new ultralight blonde shades, and Clairol's Natural Instincts, $8.99, a demi-permanent formula with color-protective antioxidants.

GO DARKER
Going a bit darker usually suits most blondes more than going lighter does (à la Jennifer Aniston), so try out a semi- or demi-permanent shade first before fully committing to it.

HOLD ON TO YOUR BLONDE!
Cleansing with blonde-specific shampoos and their matching conditioners will help you love your color longer. (They are formulated with a gentler pH level than traditional versions.) We like: John Frieda Collection Sheer Blonde Highlight Activating Shampoo with Light Enhancers, $6.50, and Suave Professionals Vibrant Blonde Shampoo, $2.49. Or try a glaze made just for blondes, such as Sunsilk Blonde Bombshell Color Boost for Blondes, $7.89, a cationic dye formula that binds to the hair for a visible change and fades after four washes.

Because we stayed within her natural color range, our model's medium blonde hair, opposite right, looks just as striking as a cool light blonde top left, and a darker golden blonde bottom left.

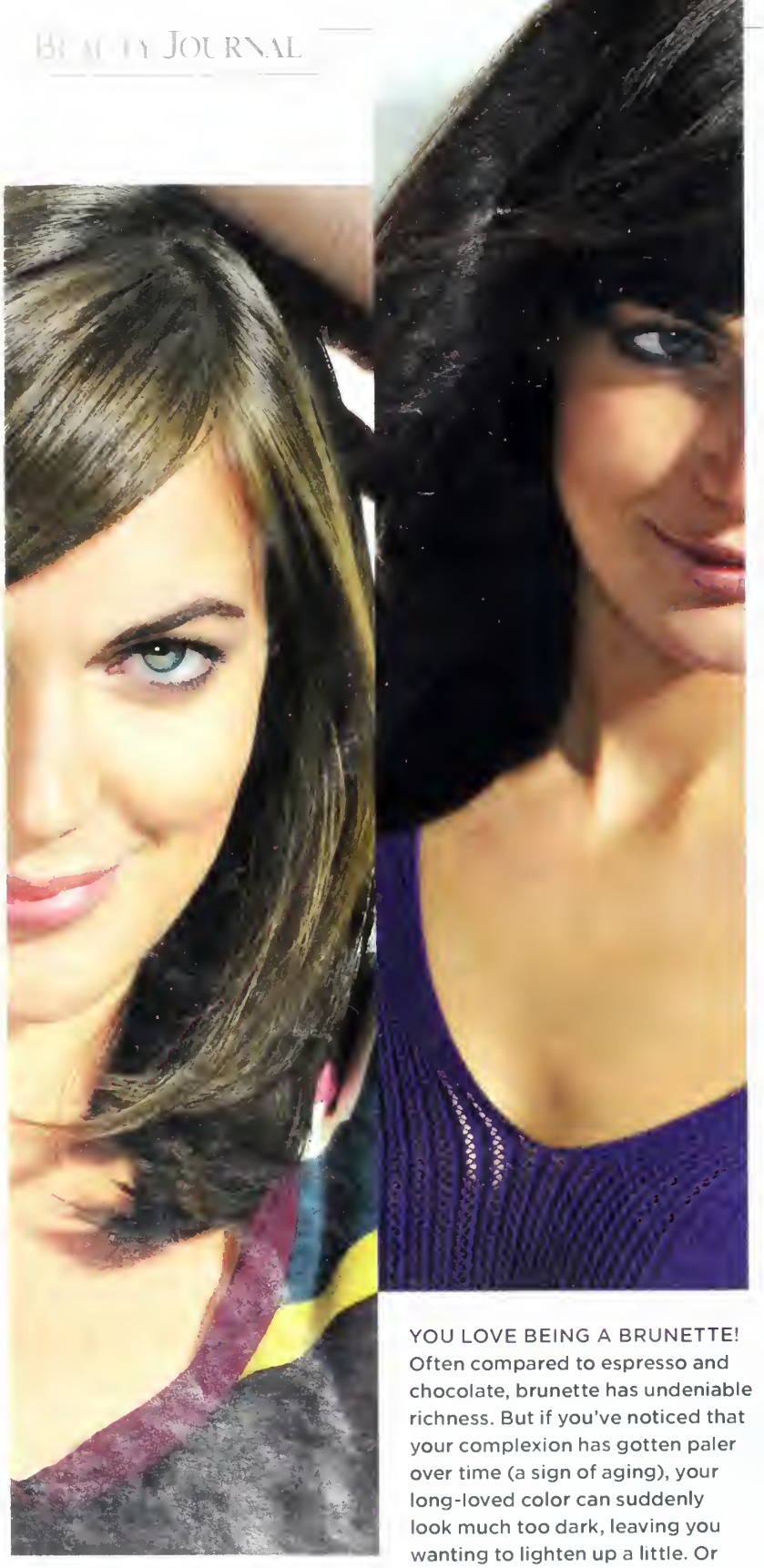


There's more than one great way to be blonde, brunette or [illegible]
Learn how to make the most of your color with this [illegible]

THE BEST [illegible] FOR YOU

hue

PHOTOGRAPHED BY FERNANDO MILANI STYLE[illegible] WRITTEN BY NATALIA ESTRADA



YOU LOVE BEING A BRUNETTE!
Often compared to espresso and chocolate, brunette has undeniable richness. But if you've noticed that your complexion has gotten paler over time (a sign of aging), your long-loved color can suddenly look much too dark, leaving you wanting to lighten up a little. Or you might try to recapture some of the intensity lost from too much sun and heat styling.

GO LIGHTER
A few well-placed highlights around your face in a shade two levels lighter deliver believable dimension and are often all the lightness brunettes need. Or try one of the new permanent hair-color formulas that cater to the dark-haired. We like: the Nourishing Nutri-Browns collection from Garnier Nutrisse, $7.29, that promise to lighten up to four levels without brassiness.

GO DARKER
When going darker, opt for demi- and semipermanent formulas (which will give a much-needed boost of shine), the newest "lowlighting" kits, or permanent color if you're positive about the shade you want. We like: Revlon Colorist Expert Color and Glaze System, $15.99, a permanent formula with a color-customized glaze that helps prevent fading, Garnier Color Breaks, $7.29, a lowlighting kit for darker streaks (available in two shades), and L'Oréal Paris Excellence Creme, $8.99, a permanent formula with three new brown shades.

REMAIN BRUNETTE LONGER
Just like blond hair, brown and black hair can lose its just-colored intensity with each shampoo and heat-styling session. Counteract this with products designed just for your dark locks. We like: Pantene Pro-V Midnight Expressions Shampoo and Conditioner, $6.49 each, which remove buildup and amp up shine, Matrix Shade Memory Rich Brunettes Shampoo, $15.95, and Conditioner, $16.95, with shea butter and antioxidants, and Wella Professional Color Preserve Thermal Protecting Spray, $14.

Where to Find It, page 154



runettes have a world of options, cluding the medium tone here, and the ghter, gold-flecked version and rich dark endition, both opposite from left.



YOU LOVE YOUR SILVER HAIR ... OR DO YOU?

"Covering the gray" is the top reason women give for coloring their hair, and the odds are good that you're among those aboard the gray-be-gone bandwagon. Rewind to Meryl Streep's Oscar-nominated performance in *The Devil Wears Prada* to confirm that gray hair is shedding its dowdy image.

"Our clients like the gray color," says stylist Monahan, "but they don't like how their hair has dulled or how the texture has changed because of it." Gray hair becomes coarse due to its low amount of natural oils, making deep conditioning a new priority.

"The hardest part of 'going gray' is getting there," says Mikael Padilla, celebrity colorist for Wella Professionals. The transition to all-over gray can be unsettling, especially if you've been coloring for a long time, and professional help is a sound investment. Frequent trims will get rid of the old color, while a colorist can tone your grays to your ideal hue.

Colorist Shari Harbinger, of the Devachan Salon and Departure Lounge, in New York City, finds that her clients are bothered by the yellow tinge that often accompanies gray hair. "We counteract that effect with a violet-based glaze," she says. "We can also add the 'pepper' back in for a more-balanced look." Feeling brave? Then do as Monahan suggests and break up the gray with a few dark strands from a semipermanent at-home kit.

A FEW OTHER SILVER-HAIRED CONSIDERATIONS

- **Everyone grays differently.** You might transition to gray with one streak in front, while your best friend might see grays pop up uniformly throughout her head. "Gray hair has no pigments: the color you're seeing is the hair protein material, which can be dull," explains Frauke Neuser, a P&G Clairol senior scientist. "This protein is different in everyone, resulting in slightly different white and gray shades."
- **Blush is your new best friend.** Silver hair can make your complexion look pale and washed-out. A few strokes of blush take care of that—*pronto!*
- **Embrace conditioner.** Switch to a conditioner that softens your grays while adding loads of shine. Try Dove Pro-Age Conditioner, $5.99.

LHJ.com

Our Try-a-Hairstyle tool lets you see how dozens of color options—including highlights and lowlights—would work on you: **www.lhj.com/tryahairstyle**



Silver hair now has more range than ever imagined. Go cool gray, like our model here, or more traditionally salt-and-pepper, opposite page. Both are equally gorgeous!

WORKING CLASS

Look instantly pulled together in these five polished pieces, which add easy elegance to your Monday-to-Friday style



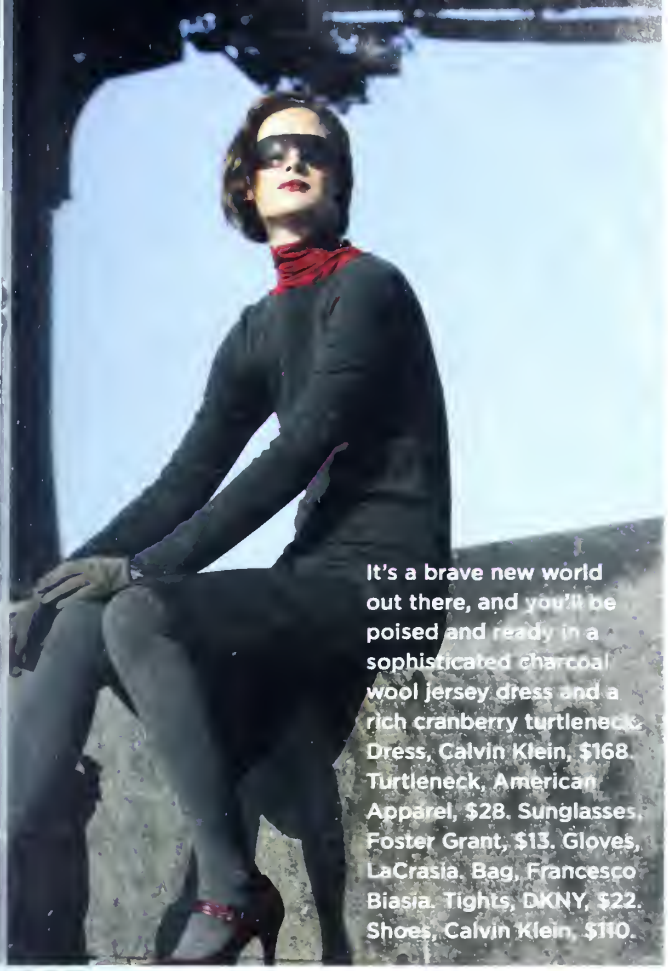
MONDAY: LAYERED DRESS

Reflect the world of modern work in this elegant dove-gray scoop-neck dress and full-sleeved blouse. Its drop shoulders and soft, generous shape guarantee comfort. A self-sash cinches in for shape. Dress, $169, blouse $79, both Club Monaco. Textured bangle, R.J. Graziano. Smooth silver bangles, Stephan & Co. Gloves, LaCrasia. Tights, DKNY, $16.

Opposite page, bottom left: Good ideas happen in relaxed settings, so get out of the office and interface! An easy-to-wear geometric print shift is fall ready over a chartreuse sweater and opaque tights. A carbon-gray charmeuse shirtdress holds its own with a silver chain belt. Left: Dress, Ali Ro, $182. Sweater, Mai. Coat, Kenneth Cole Reaction, $230. Bag, Kenneth Cole. Tights, DKNY, $12.50. Short boots, Payless ShoeSource, $29.99. Right: Dress, Esprit, $119.50. Turtleneck, Mai. Cardigan, MICHAEL Michael Kors, $109.50. Belt, Lauren by Ralph Lauren, $68. Cuff, Roxanne Assoulin for Lee Angel. Shoes, Cole Haan.

PHOTOGRAPHED BY D

WRITTEN AND STYLED BY



It's a brave new world out there, and you'll be poised and ready in a sophisticated charcoal wool jersey dress and a rich cranberry turtleneck. Dress, Calvin Klein, $168. Turtleneck, American Apparel, $28. Sunglasses, Foster Grant, $13. Gloves, LaCrasia. Bag, Francesco Biasia. Tights, DKNY, $22. Shoes, Calvin Klein, $110.





Deep purple and
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Tights,
Stuart Weitzman.



TUESDAY: WIDE-LEGGED PANTS

Work dressing is a real breeze in these comfortable wool gabardines with a high flat waistband and built-in hip belt. Inverted pleats give you a great shape, and a trim mustard sweater balances it all out. Pants, Kenneth Cole Reaction, $89. Sweater, Premise, $190. Scarf, Echo, $34. Gloves, LaCrasia. Cuff, Roxanne Assoulin for Lee Angel. Watch, Fossil, $75. Shoes, Kenneth Cole, $195. Bottom right: Jump-start your 9 A.M. meeting in superbly cut wide-legged gray flannels. Add a peppy chevron-patterned blouse, orange sweater-vest and a black-and-white tweed topper and you're ready to conquer. Pants, Betsey Johnson, $290. Blouse, Ann Taylor, $88. Vest, Esprit, $69.50. Coat, Great Plains, $248. Sunglasses, Burberry. Gloves, LaCrasia. Necklace, Roxanne Assoulin for Lee Angel. Shoes, Stuart Weitzman.



ants, Dockers, $65. Coat, United Nations Colors, $189. Turtleneck, Esprit, $89.50. Gloves, LaCrasia. Bag, Francesco Biasia. Shoes, Calvin Klein, $150.



WEDNESDAY: TIE BLOUSES

Make your point dramatically in this cool-as-a-cucumber, ladylike rich-purple crêpe tie blouse, gray jacket and slim gray skirt. Blouse, French Connection, $78. Jacket, Tommy Hilfiger, $189. Skirt, Kenneth Cole Reaction, $74. Bag, MICHAEL Michael Kors. Gloves, LaCrasia. Bracelets, Roxanne Assoulin for Lee Angel, $90 for set of three. Bottom left: The new tie blouse is definitely *not* the old '80s dress-for-success version—it's infinitely more romantic and feminine. And stylish trouser jeans look very right even for work. Blouse, MICHAEL Michael Kors, $89.50. Jeans, Uniqlo, $59.50.

BEAUTY BONUS: Take the sleek office bun modern with a bit of texture using Charles Worthington's Big Hair Full Volume Knock Off Ultrafine Hairspray, $5.99.



This whimsical blouse shows your fun side. Blouse, Banana Republic, $78. Turtleneck, Sisley, $79. Skirt, Liz Claiborne, $89. Bangles, Isaac Manevitz for Ben-Amun. Bag, MICHAEL Michael Kors. Tights, Via Spiga, $14. Shoes, Anne Klein. Coat, Esprit, $239.





THURSDAY: SLIM SKIRTS

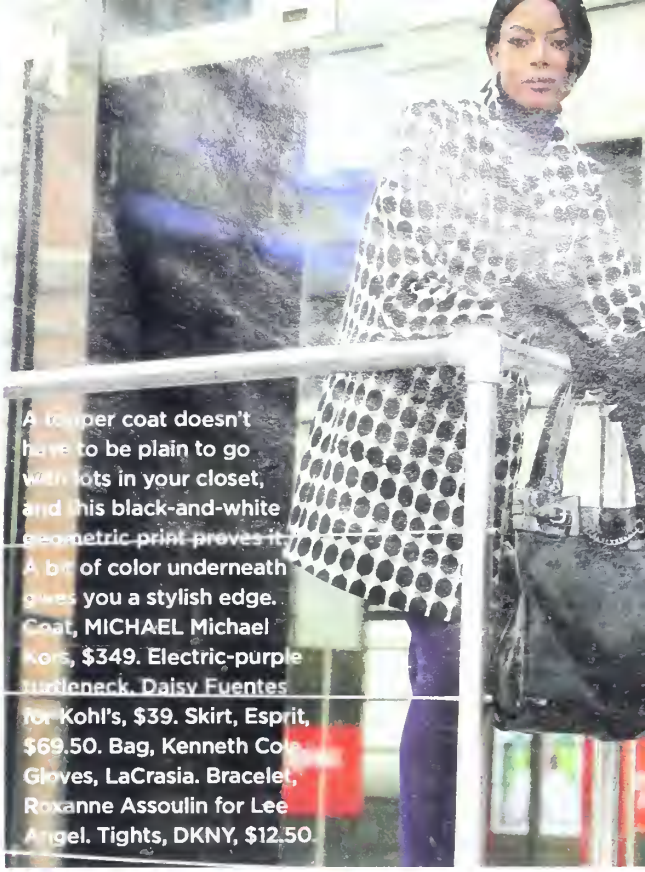
The ... shades of g... on new mean... in this chic ... shirt, ... belt and stretc... skirt. Skirt, $29.50, ... 50, belt, $... Old Navy. Tights ... Bag, MICHAE... Kors.

Top right. ... skirts don't have to be skintight. Narrow can be comfortable with this ... skirt, while ...









A topper coat doesn't have to be plain to go with lots in your closet, and this black-and-white geometric print proves it. A bit of color underneath gives you a stylish edge. Coat, MICHAEL Michael Kors, $349. Electric-purple turtleneck, Daisy Fuentes for Kohl's, $39. Skirt, Esprit, $69.50. Bag, Kenneth Cole. Gloves, LaCrasia. Bracelet, Roxanne Assoulin for Lee Angel. Tights, DKNY, $12.50.

FRIDAY: TOPPER COATS

The topper coat can function like a jacket to give your work ensemble a finished look. Top left: This drop-shoulder curved-hem coat will reboot your entire wardrobe. Coat, United Colors of Benetton, $179. Sweater, Kenneth Cole, $89. Pants, Jill by Jill Stuart, $245. Necklace, Roxanne Assoulin for Lee Angel. Scarf, stylist's own. Gloves, LaCrasia. Bottom: It's Friday and [illegible] coats are still on the job, looking great over A-line skirts and a pretty blouse or sweat[illegible]. Sweaters, Lauren Merkin, $295. Cap, Hat Attack, $45. Bag, Francesca Biasia. Tights, DKNY, $18. Shoes, Sam Edelman, $99. Right: Coat, J.Crew, $355. Blouse, Liz Claiborne, $79. Skirt, Kenneth Cole Reaction, $74. Sunglasses, MICHAEL Michael Kors, $90. Gloves, Echo, $68. Bag, Kenneth Cole. Tights, [illegible]. Shoes, Sam Edelman.

Where to Find It, page 154

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Summer Beach Reads

A Closer Look at CHRONIC DRY EYE

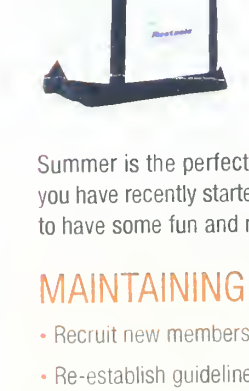
Chronic Dry Eye (CDE), also known as keratoconjunctivitis sicca, is a medical condition that can result from the eyes' reduced ability to produce tears. About 3.2 million women in the U.S. have CDE; however, many more Americans, including men, may have it without realizing it.

Whether you suffer from CDE (daily symptoms) or dry eye (infrequent symptoms), your eyes need a constant layer of tears to keep them lubricated or moist, protected, and clean. Chronic Dry Eye can be caused by the inflammation of the tear producing gland of the eye, resulting in a declining quantity of tears. It may also be caused by hormonal changes associated with aging and menopause, medical conditions such as arthritis, lupus, and Sjörgens syndrome, and by some prescription and over-the-counter medications.

In CDE, underlying changes to the health of the tear-producing glands and their inability to produce the right amount of the *right* tears, results in a tear film that doesn't provide enough nourishment or protection to the surface of the eye. This can damage the eye surface, which, in turn, can lead to symptoms of CDE. If left untreated, CDE may weaken your vision and increase the risk of eye infections.

Answer these 4 SIMPLE QUESTIONS to help your doctor determine if you have CDE

- When did you notice your eyes were producing fewer tears?
- How would you describe the way your eyes feel?
- How often do you use artificial tears? _____ times per day
- Has your use of artificial tears increased over time? Yes ☐ No ☐



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Summer is the perfect time to sit back, relax and enjoy a good book. If you have recently started or joined a book club, here are a few suggestions to have some fun and make the most of each book club discussion.

MAINTAINING YOUR BOOK CLUB

- Recruit new members to expand and enhance your discussions.
- Re-establish guidelines. If there any conflicts with time or location, now is the perfect time to set a new schedule.
- Add some excitement at your next meeting. Prepare a meal that is themed with the book's setting. Have each member bring a dish.
- Take your discussion to the next level. Choose open-ended questions that create conversation. And don't worry if you don't get through them all. The best questions can often lead to more intense discussions.

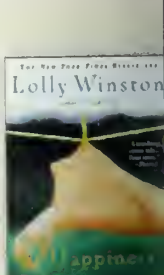


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Your eyes are naturally protected by a layer of tears.

f you have to use eye
drops several times a day,
ask your eye doctor
about RESTASIS®.

You may have Chronic Dry Eye due to decreased tear production caused by inflammation. It's a medical condition where your eyes don't make enough tears. Artificial tears and other over-the-counter drops simply can't increase tear production.

Your eye doctor can tell you. Ask your doctor about RESTASIS® Ophthalmic Emulsion. It's the only eye drop that actually helps your eyes increase tear production with continued use.

Only an eye doctor can determine whether you have this type of Chronic Dry Eye. That's why you should make an appointment to ask your eye doctor if RESTASIS® Ophthalmic Emulsion is right for you.

RESTASIS®: one drop, twice a day, with continued use can help you make more of your own tears.

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Increases tear production with continued use

RESTASIS® Ophthalmic Emulsion helps increase tear production that may be reduced by inflammation due to Chronic Dry Eye. RESTASIS® does not replace tears. Artificial tears, eyelid drops or tear duct plugs.

Important Safety Information:
RESTASIS® Ophthalmic Emulsion should not be used by patients who are hypersensitive to any of its ingredients. It has not been studied in patients with a history of herpes viral infections of the eye. The most common side effect is temporary burning sensation. Other side effects include eye redness, discharge, watery eyes, a sensation of something in the eye, itching, stinging, and blurred vision.

ALLERGAN

Please see next page for important safety information.

Restasis®
(Cyclosporine Ophthalmic Emulsion) 0.05%

Sterile, Preservative-Free

INDICATIONS AND USAGE
RESTASIS® Ophthalmic Emulsion is indicated to increase tear production in patients whose tear production is presumed to be suppressed due to ocular inflammation associated with keratoconjunctivitis sicca. Increased tear production was not seen in patients currently taking topical anti-inflammatory drugs or using punctal plugs.

CONTRAINDICATIONS
RESTASIS® is contraindicated in patients with active ocular infections or in patients with known or suspected hypersensitivity to any of the ingredients in the formulation.

WARNING
RESTASIS® Ophthalmic Emulsion has not been studied in patients with a history of herpes keratitis.

PRECAUTIONS
General Precautions for Use Only

Information for Patients:
The single-use individual vials should be discarded immediately after opening for administration to the eye(s). Both eye drops and the remaining vials should be discarded immediately after administration. Do not allow the tip of the vial to touch the eye or any surface, as this may contaminate the emulsion. RESTASIS® should not be administered while wearing contact lenses. Patients with decreased tear production typically should not wear contact lenses. If contact lenses are worn, they should be removed prior to the administration of the emulsion. Lenses may be reinserted 15 minutes following administration of RESTASIS® Ophthalmic Emulsion.

Carcinogenesis, Mutagenesis, and Impairment of Fertility:
Systemic carcinogenicity studies were conducted in male and female mice and rats. In the 78-week study in mice, oral doses of 1, 4, and 16 mg/kg/day, evidence of a statistically significant trend was found in the incidence of lymphomas and the incidence of hepatocellular carcinomas in mid dose males, but only exceeded the 95% value.

In the 24-month rat study, oral doses of 0.5, 2, and 8 mg/kg/day, pancreatic islet cell adenomas in male rats exceeded the control rate in the low dose level. The hepatocellular carcinomas and pancreatic islet cell adenomas were not elevated. The low doses in mice and rats are approximately 1000 and 500 times greater, respectively than the daily human dose of one drop (28 µL) of 0.05% RESTASIS® BID in each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed.

Cyclosporine was not genotoxic or mutagenic/clastogenic in the Ames Test, the V79-HGPRT Test, the in vitro Mouse Lymphoma Test and Chinese hamsters, the chromosome-aberration tests in Chinese hamster ovary cells and in the micronucleus test in mice, and the DNA repair test in sperm from treated mice. A positive response (DNA damage) was observed in the in vitro Sister Chromatid Exchange (SCE) induction by cyclosporine using human lymphocytes (cyclosporine did not have a positive effect in the in vivo induction of SCE).

Cyclosporine had no effect on fertility when studies in male and female rats receiving oral doses of cyclosporine up to 15 mg/kg/day (approximately 15,000 times the human daily dose of 0.001 mg/kg/day) for 9 weeks (male) and 2 weeks (female) prior to mating.

Pregnancy-Teratogenic Effects:
Pregnancy Category C

Teratogenic Effects: No evidence of teratogenicity was observed in rats or rabbits receiving oral doses of cyclosporine up to 300 mg/kg/day during organogenesis. These doses in rats and rabbits are approximately 300,000 times greater than the daily human dose of one drop (28 µL) 0.05% RESTASIS® BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed.

Non-Teratogenic Effects: Adverse effects were seen in reproduction studies in rats and rabbits at dose levels toxic to dams. At toxic doses (rats at 30 mg/kg/day and rabbits at 100 mg/kg/day), cyclosporine oral solution USP was embryo- and fetotoxic as indicated by increased pre- and postnatal mortality and reduced fetal weight together with related skeletal retardations. These doses are 30,000 and 100,000 times greater, respectively, than the daily human dose of one-drop (28 µL) 0.05% RESTASIS® BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed. No evidence of embryofetal toxicity was observed in rats or rabbits receiving cyclosporine at oral doses up to 17 mg/kg/day or 30 mg/kg/day, respectively, during organogenesis. These doses in rats and rabbits are approximately 17,000 and 30,000 times greater, respectively, than the daily human dose.

Offspring of rats receiving a 45 mg/kg/day oral dose of cyclosporine from Day 15 of pregnancy to Day 21 post partum, a maternally toxic level, exhibited an increase in postnatal mortality; this dose is 45,000 times greater than the daily human topical dose, 0.001 mg/kg/day, assuming that the entire dose is absorbed. No adverse events were observed at oral doses up to 15 mg/kg/day (15,000 times greater than the daily human dose).

There are no adequate and well-controlled studies of RESTASIS® in pregnant women. RESTASIS® should be administered to a pregnant woman only if clearly needed.

Nursing Mothers:
Cyclosporine is known to be excreted in human milk following systemic administration but excreted in human milk after topical treatment has not been investigated. Although blood concentrations are undetectable after topical administration of RESTASIS® Ophthalmic Emulsion, caution should be exercised when RESTASIS® is administered to a nursing woman.

Pediatric Use:
The safety and efficacy of RESTASIS® Ophthalmic Emulsion have not been established in pediatric patients below the age of 16.

Geriatric Use:
No overall difference in safety or effectiveness has been observed between elderly and younger patients.

ADVERSE REACTIONS
The most common adverse event following the use of RESTASIS® was ocular burning (17%). Other events reported in 1% to 5% of patients included conjunctival hyperemia, discharge, epiphora, eye pain, foreign body sensation, pruritus, stinging, and visual disturbance (most often blurring).

Rx Only Based on package insert 71271US15P revised February 2004

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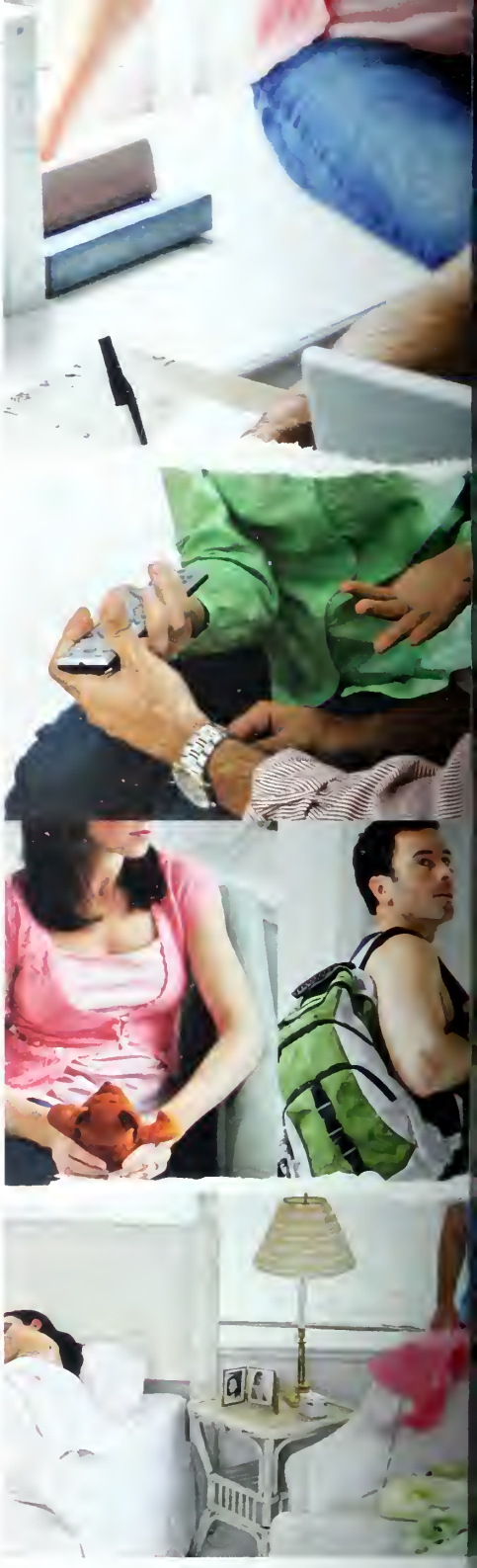
Discipline Done Right

Rescuing Racing Dogs

can this marriage be saved?

by MARGERY D. ROSEN

"He Won't Agree To Have A Child"



Her turn: "We waited so long to have a baby that now I worry we won't be able to," said Beth, 42, a social worker who has been married for seven years. "I was well into my 30s and Dan was 41 when we got together. Both of us had assumed we might never get married. That's one reason our relationship was originally so sweet—we were thrilled to have found each other. But now we fight so often, and over such stupid things, that I'm not sure our marriage can survive, baby or no baby.

"What do we fight about? Anything and everything. Who should clean the house? When should we clean it? Brian Williams or Charlie Gibson? It's gotten absurd. And Dan takes offense at *anything*. A couple of weeks ago we were going to a movie near our home in Littleton, Colorado, and I asked him why he was taking the long route. He slammed on the brakes, made an abrupt U-turn and drove straight home. We didn't speak for two days.

"But the proverbial elephant in the room is the baby I so desperately crave. I've wanted to be a mother my whole life, but in the past, if the subject came up, Dan would offer a laundry list of reasons why it made no sense: He was too old, he didn't want to be tied down, he'd have to work past retirement age to pay for college. He also said he wasn't sure he could even father a child, thanks to an undiagnosed rare illness he had had in his 20s. But has he ever gone to a doctor to check it out? *No.*

"Whenever I tried to counter Dan's objections, he always got nasty. Back then he was writing his dissertation, so a baby was out of the question until he finished. Rather than rock the boat, I decided to table the issue. Once he had his Ph.D., I reassured myself, it would be my turn. Well, that damn dissertation took five years! Last fall Dan finally got a job teaching anthropology at a small liberal arts college here. Since, at



42, I can't put the baby issue on hold any longer, I've tried to reintroduce the topic. But we can't talk civilly about it—or anything else, for that matter.

"I am the eldest of four kids. My father was a construction supervisor and we moved every few years because of his job. When he wasn't screaming at my mother, he was lashing out at me. Once when I tried to stand up to him, he ripped up my science project the night before it was due! Another time he smacked me so hard that my two front teeth fell out. Thank heaven they weren't permanent. My mother, a beautiful woman who could quote Shakespeare and Tennyson but had no clue how to raise kids or keep house, said to me on the way to the dentist, 'Let's tell him you ran into a door.'

"After school and on weekends I had to take care of my younger brothers. I didn't really mind because I loved kids and didn't have much of a social life. My parents finally divorced when I was in college; my only regret was that it hadn't happened sooner.

"It was a relief to go away to school, but I went through an incredibly self-destructive period in my early 20s. I drank too much and became involved with men who would abuse me, then dump me. But I did manage to straighten myself out and graduated with a sociology degree. I worked for a few years and then enrolled in a master's program in social work.

"Dan and I became friendly in grad school. He was handsome and smart, with a dry wit. We lost touch after he left to pursue his Ph.D. at another school, but a few years later, when he moved back to Colorado, he phoned. He'd finished his course work and was working as a paralegal during the day and writing his dissertation at night. We met for a drink and ended up talking until 3 A.M. We fell hard for each other; six months later we were married.

"By this time I was making enough for us to live on, so I suggested that Dan quit his job to focus solely on his dissertation. The sooner he finished, I figured, the sooner we could start a family. Never did I imagine it would take five years. But then Dan is a procrastinator extraordinaire. He'd vacuum, fold the laundry . . . anything but write. Why, with a dissertation to finish, wasn't he more focused? Then, on weekends, he'd take off for a day of kayaking, leaving me by myself. He still does that, and it hurts my feelings. Yet it would never occur to him to change his plans.

"Dan's inability to see how his actions are affecting me is infuriating—whether it's trivial stuff like what route to take to the movies or big stuff like refusing to talk about having a baby. I love my husband and can't imagine life without him but I cannot take another minute of this nonstop fighting. And I want to have a child before it's too late!"

His turn: "Let's get something straight," said Dan, 48. "Until recently I had no idea Beth had such a burning desire for a baby. We'd talked about it only in the most general terms and I was always honest: I wasn't ready and wasn't sure I'd ever be. True, she badgered me to death about finishing my dissertation, but I didn't realize that was because she had some fixed deadline about becoming a mother. CONTINUED ON PAGE 54

FRONTLINE presents

PET CHRONICLES

PART III

TOGETHER, WE CAN HELP PETS WHEN THEY NEED IT MOST.

For the last two years, Merial, the maker of FRONTLINE brand products, has partnered with Petfinder.com and the American Veterinary Medical Foundation (AVMF) to help pet victims of hurricanes and other natural disasters through PAWS TO SAVE PETS.™ Merial has contributed and donated more than $2 million in cash and products to help care for pets in need.

FRONTLINE is proud to present the last installment in this three-part series showcasing heartwarming true stories that exemplify the spirit of PAWS TO SAVE PETS and pet survivors themselves.



Blondie

BLONDIE

Having to suddenly flee her home, Blondie's owner, Debra Williams, relocated to the Midwest before returning to New Orleans. When Hurricane Katrina hit, rescuers told Williams she could probably return home in a few days. Trusting she would return soon, she left Blondie with food and a bathtub filled with water. However, weeks later rescue-aid Laura Bergerol found this little blond-haired pup in a triage area of a makeshift animal shelter and through Petfinder.com was able to locate Williams. Bergerol sent Blondie to San Jose to be cared for, then returned her safely to Williams. "I took Blondie out of the car and thought she'd walk around, instead she walked up the steps and sat down. Blondie knew she was home."

If you are interested in adopting deserving dogs, please go to **Petfinder.com** for more information.

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can this marriage be saved?

"Maybe I'm selfish, but there's so much Beth and I would have to give up if we had a child. People just seem to disappear into the morass of child rearing once they have kids. Age is another factor. Can I keep up with a young child? Will I have to work until I'm in my 70s to pay for college? As Beth mentioned, I'm not sure I'm even able to get her pregnant. When I was 23 I was hospitalized for several weeks with an undiagnosed rare illness. The doctors told me I'd fully recover but I might end up sterile. I suppose that's when I pretty much ruled out the whole idea of having a family.

"I'd be willing to reconsider the issue, but right now, Beth and I are so alienated from each other that it's hard to think about the future at all. I wonder if she even likes me anymore, since everything I do is wrong. Or at least that's what she constantly tells me.

"I deeply resent Beth's accusations that I was procrastinating when it came to my dissertation. Four or five years to write one is average! I find her "I always know better" tone insulting. That's why I lost my temper in the car. If she's driving, she can decide which route to take. If I'm behind the wheel, I don't want complaints from the person riding shotgun. I get equally furious when she tells me to be quiet, as she often does. I'm not a child. My father used to shush me all the time and it makes me see red.

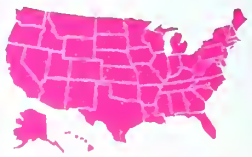
"He was a college physics professor in Ohio; my mom stayed home with my younger sister and me. We all loved one another but each of us kept a certain distance from the others. My mother always said that even as an infant I needed time to myself. If I was crying, and she picked me up to console me, I'd cry harder.

"I didn't see much of my dad; he was always busy in his lab or with his students. I yearned to do father–son things, but while there were lots of promises, few were kept. I was happiest in my room buried in my books or roaming the woods behind our house. Escaping into nature is still important to me. That's why I kayak on weekends—yet another thing that Beth begrudges me.

"Dad also had a terrible temper. He kept it in check most of the time, but every so often he'd explode. Even so, I was less afraid of his temper than of the look of disapproval he'd give when he was unhappy with me. I still recall how terrified I was to tell him I'd switched my college major from pre-med—his choice—to anthropology. I've never regretted it and even my father, seeing how passionate I am about my work, finally came around. But disappointing him was a scary thought.

"You see, it may take me a while to find the right path, but when I do, I don't turn back or second-guess. I knew Beth was the woman for me that first night when we got together for a quickie. I still believe it, but it's getting harder and harder to hold on to that conviction. Before we can even consider having a child, we have to get our marriage back on track."

Could *Your* Marriage Use Saving



When your personal issues become too mu for the two of y to handle on yo own, a therapis can help. Find one near you in our online therapist directory, which includes therapists' résumés, photo specialties and personal statement

HTTP://THERAPISTS.LHJ.COM

The counselor's turn: "How sad that these two educated, articulate, passionate people had no idea how to communicate or make decisions in a cooperative, respectful way," said the counselor. "Like many couples who marry relatively late in life, Beth's and Dan's habits and routines were fairly entrenched by the time they wed. Whether it was how to divvy up household responsibilities, what to do on weekends or which TV newscast to watch, there was a *her* way and a *his* way. Blending them to form *their* way bred resentment, conflict or stony silence—all of which made it impossible to address the deeper issue of whether to have a baby.

"Misunderstanding and misinterpretations punctuated their daily life, which was so fraught with tension over trivial issues that it was virtually impossible to find common ground on important ones. To save their marriage, Beth and Dan first had to learn to discuss their concerns calmly and compassionately.

"Although recognizing and expressing your feelings seems as though it should be effortless, it was tough for both Beth and Dan, who'd grown up in homes where doing so was risky. As a child, Beth was verbally and physically abused for speaking up; she also consistently sacrificed her needs for those of her parents and siblings. In college she sought solace in alcohol and became involved with men like her father, who mistreated her.

CONTINUED


s your teenager
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Today, some teenagers are abusing medicine, including cough and cold medicines, getting high on the active ingredient, dextromethorphan. Here's what you can do to protect your kids:
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Safeguard all medicines.
Keep a watch on all your medicines and always keep them secure.
This message for parents
s from the leading makers of
ough and cold medicines.

"Once she got married, Beth reverted to the pattern of bottling up her feelings out of fear. Knowing Dan was ambivalent about parenthood, she simply avoided the topic for years. Instead of candidly telling her husband how much she wanted a child, she hinted, nagged and cajoled him to work faster, privately holding out hope that once he finished his dissertation, he'd intuit her needs. When that didn't happen—he wasn't a mind reader—her frustration turned to fury. Feeling on the defensive, Dan lashed back, then withdrew emotionally and physically to protect himself.

"I set ground rules for talking and listening in a way that would be safe. Instead of complaints or criticisms, the couple would share expressions of concern followed by requests of what might work better. Afterward, one would ask how the other felt about those options. When Dan next announced plans to go kayaking, for instance, Beth felt rejected and slipped into her aggrieved-wife stance. But then, instead of assuming that he was trying to get away from her, she took a deep breath and quietly asked, 'How do you feel about spending time with me?' This gave Dan a chance to explain that he preferred being with her, but needed his 'outside time.' 'Why don't you come with me?' he suggested. 'If you don't want to kayak, you can read by the lake.'

"To help Dan express his feelings, I asked him to note each time he automatically became defensive. 'That's your cue to take a time-out, collect your thoughts and, as soon as possible, explain your reaction,' I said. When he did, and Beth proved responsive, Dan realized it was safe to share his feelings with his wife.

"I also suggested that Beth and Dan 'assume goodwill'—that is, proceed on the assumption that each partner loved, and was not out to get, the other. Irritability and nastiness were verboten. If either couldn't speak calmly or felt attacked, we established an exit policy—leaving the room until emotions quieted. When spouses respond with empathy, positive feelings multiply, and Beth and Dan soon discovered that arguments over small issues were either settled amicably or lost their power to inflame. 'I don't really care which news channel we watch,' Beth admitted. 'I let it bug me because I was mad in general.'

"As their communications skills improved, the couple was eventually ready to tackle the baby question. Dan's poor relationship with his father had made him doubt his ability to be a good parent. Also, since he feared he was sterile (he had avoided finding out for years), he had instead sought meaning in other areas of his life. Counseling was a safe place to talk about these concerns. To Dan's surprise, the idea of being a father stirred up many good feelings as he envisioned himself playing with a baby, exploring the backcountry with his child and sharing his passion for books. Feeling like a team for the first time in years, the couple made an appointment with a fertility expert.

"The results of their medical workup were unexpected. Dan was not sterile after all, but Beth's eggs were no longer viable. Her worst nightmare had come true, with the cruel irony that her husband now looked forward to fatherhood. 'I have longed for a baby more dearly than anything in my life,' Beth sobbed. As she plunged into an abyss of self-recrimination, we worked to keep communications flowing so that this crisis didn't polarize the couple again.

"Gently, I encouraged Beth to talk about their options. In addition to the possibility of using a donor egg or a surrogate mother, we discussed adoption, doing volunteer work with kids and forging a closer bond with her nieces or nephews.

"Although they've ended counseling, Beth and Dan check in with me regularly. Dan would like to adopt but will defer to Beth's wishes. She remains uncertain. 'I haven't ruled anything out,' she said, 'but there's so much grief to process that I don't know yet what the right choice is. The important thing is that we're talking, sharing, holding each other. I'm so hopeful because my marriage, at last, *does* feel right. And for that, I'm forever grateful.'"



"Can This Marriage Be Saved?®" is the most enduring women's magazine feature in the world. This month's case is based on interviews with clients and information from the files of Susan Heitler, Ph.D., a clinical psychologist in Denver, Colorado. The story told here is true, although names and other details have been changed to conceal identities. "Can This Marriage Be Saved?®" is a registered trademark of Meredith Corporation.

Depression hurts. Cymbalta can he



You might feel sad or maybe you've lost interest in things you once enjoyed. You could have aches and pains that don't go away or feel tired. Or maybe you're sleeping too much or not at all. Many people wouldn't think these could all be symptoms of depression. But they can be. Cymbalta is a prescription medication that treats many symptoms of depression.

There are many paths to take in the treatment of depression, including talk therapy, diet and exercise. You and your doctor or healthcare provider can decide on the right path. Remember, only your doctor can determine if Cymbalta or other treatments are right for you. You deserve every chance to feel the way you want to feel.

Learn more by calling 877-CYMBALTA or visiting www.cymbalta.com, where you can also find the personal stories of people who have been treated with Cymbalta. Results may vary.

In children and teens, antidepressants can increase the risk of suicidal thoughts or actions. Call your doctor right away if you have worsening depression symptoms, unusual changes in behavior or thoughts of suicide, especially at the beginning of treatment or after a change in dose. Approved only for adults 18 and over.

Cymbalta is not for everyone. Do not take Cymbalta if you:

- have recently taken a type of antidepressant called an MAOI or Mellaril® (thioridazine)
- have uncontrolled glaucoma

Talk to your doctor:

- about all your medicines, including those for migraine to avoid a potentially life-threatening condition
- about your alcohol consumption
- if you have liver disease
- about all your medical conditions

Dizziness or fainting may occur upon standing.

The most common side effects include:

- nausea
- dry mouth
- constipation

This is not a complete list of side effects.

Please see back page for additional important safety information

Cymbalta® DELAYED RELEASE CAPSULES
duloxetine HCl

because depression hurts

Lilly

Information For Patients About
CYMBALTA® (duloxetine hydrochloride) Delayed-Release Capsules

Please read this information carefully before you start taking Cymbalta (sim-BALL-tah) and each time your prescription is refilled in case anything has changed or new information has become available. This information is not meant to take the place of discussions with your healthcare provider. Talk with your healthcare provider or pharmacist if there is something you do not understand or if you want to learn more about Cymbalta. Always follow your healthcare provider's instructions for taking Cymbalta.

Warning: In clinical studies, antidepressants increased the risk of suicidal thinking and behavior in children and adolescents with depression and other psychiatric disorders.* Anyone considering the use of Cymbalta or any other antidepressant in a child or adolescent must balance this risk with the clinical need. Patients starting therapy should be observed closely. Families and caregivers should discuss with the healthcare provider right away any observations of worsening depression symptoms, suicidal thinking and behavior, or unusual changes in behavior. Cymbalta is not approved for use in patients under the age of 18.

What is Cymbalta?

Cymbalta is a prescription medicine that is proven effective for treating the symptoms of depression.

What is depression?

Depression is a serious medical condition with a variety of symptoms. Symptoms may include sadness, loss of interest in things you once enjoyed, feelings of guilt or worthlessness, restlessness, trouble concentrating or making decisions, fatigue, vague aches and pains, headaches, and changes in weight or sleep patterns. For some, depression can include thoughts of death or suicide. These could be depression symptoms if they go on for two weeks or more and interfere with your daily activities.

How does Cymbalta work?

Although the way Cymbalta works in people is not fully known, it is believed to increase the activity of 2 chemicals in the brain, called serotonin and norepinephrine. In the brain, these 2 chemicals are thought to affect mood. These same chemicals are thought to be associated with regulating and reducing feelings of pain that come from the body.

When will Cymbalta start to work?

In clinical studies, many people taking Cymbalta began to feel improvement in their symptoms as early as 1 to 4 weeks after starting Cymbalta. As with any treatment, results will vary from person to person.

Who should NOT take Cymbalta?

You should not take Cymbalta if:

- You are allergic to duloxetine hydrochloride or the other ingredients in Cymbalta.
- You are taking a type of antidepressant known as a monoamine oxidase inhibitor (MAOI), such as Nardil, (phenelzine sulfate) or Parnate, (tranylcypromine sulfate). Using an MAOI with many prescription medicines, including Cymbalta, can cause serious or even life-threatening reactions. You must wait at least 14 days after you have stopped taking an MAOI before you take Cymbalta. You need to wait at least 5 days after you stop taking Cymbalta before you take an MAOI.
- You have uncontrolled narrow-angle glaucoma (an eye disease).
- You are taking an antipsychotic medicine known as Mellaril (thioridazine).

What should I talk to my healthcare provider about?

Patients on antidepressants and their families or caregivers should watch for worsening depression symptoms, unusual changes in behavior and thoughts of suicide, as well as for anxiety, agitation, panic attacks, difficulty sleeping, irritability, hostility, aggressiveness, impulsivity, restlessness, or extreme hyperactivity. Call your healthcare provider right away if you have thoughts of suicide or if any of these symptoms are severe or occur suddenly. Be especially observant at the beginning of treatment or whenever there is a change in dose.

Tell your healthcare provider:

- About any medical conditions you may have, including liver or kidney problems or glaucoma.
- If you are pregnant, plan to become pregnant or are nursing.
- About your alcohol consumption.
- If you are taking or plan to take any prescription or nonprescription medicines, as Cymbalta may interact with some of these products.
- If you take medications known as triptans, commonly prescribed for migraines. A potentially life-threatening condition may occur when triptans are used with Cymbalta.

In clinical studies, some people taking Cymbalta experienced an increase in blood pressure. Your healthcare provider may periodically check your blood pressure.

Dizziness or fainting upon standing may occur, due to a sudden drop in blood pressure. This may happen especially when first starting Cymbalta, when increasing the dose, or when used in combination with certain other drugs.

How should I take Cymbalta?

- Take Cymbalta exactly as directed by your healthcare provider.
- Cymbalta should be taken by mouth. Do not open, break or chew the capsule; it must be swallowed whole.
- Cymbalta can be taken with or without food.
- If you miss a dose, take it as soon as you remember. However, if it is time for your next dose, skip the missed dose and take only your regularly scheduled dose. Do not take more than the daily amount of Cymbalta that has been prescribed for you.
- Remember to refill your prescription before you run out of Cymbalta.
- Talk with your healthcare provider before stopping Cymbalta or changing your dose.

What are the possible side effects of Cymbalta?

Like all medicines, Cymbalta can cause side effects.

- In clinical studies of depression, the most common side effect was nausea. For most people who had it, the nausea was mild to moderate and usually went away within 1–2 weeks.
- Others included: dry mouth, constipation, decreased appetite, fatigue, sleepiness, and increased sweating. Most people were not bothered enough to stop taking Cymbalta.

Talk to your healthcare provider if you have questions or develop any side effects.

What should I do if I think I have taken an overdose of Cymbalta?

If you have taken more Cymbalta than has been prescribed for you, contact your healthcare provider, a hospital emergency department, or the nearest poison control center immediately.

What happens when I stop taking Cymbalta?

Like other antidepressants, Cymbalta should not be stopped suddenly. Stopping Cymbalta suddenly may result in symptoms like dizziness, nausea, or headache. Talk with your healthcare provider before stopping Cymbalta as he or she may wish to decrease the dose slowly to help you avoid these kinds of symptoms.

Can children take Cymbalta?

Cymbalta has not been studied in children under 18 and is not approved for this age group. See Boxed Warning above.

General advice about Cymbalta

- Store Cymbalta at room temperature and out of the reach of children.
- Until you know how Cymbalta affects you, be careful when driving a car, or operating hazardous machinery.
- Medicines are sometimes prescribed for purposes other than the ones listed. If you have any questions or concerns, want to report any problems with the use of Cymbalta, or want more information, contact your healthcare provider or pharmacist.

Additional information can be found at www.cymbalta.com.

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* A large study combined the results of 24 different studies of children and teenagers with depression or other illnesses. In these studies, patients either took a placebo (sugar pill) or an antidepressant for 1 to 4 months. No one committed suicide in these studies, but some patients became suicidal. On sugar pills, 2 out of every 100 patients became suicidal. On antidepressants, 4 out of every 100 patients became suicidal.

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Our bashful little angel, hiding her face in her hands, makes a sweet addition to the garden. Made of poly resin with an aged finish. Approx. 5 1/2"W x 7 1/4" L x 8"H
Specify 37-379 Shy Angel $29.95





This unusual birdbath features a dazzling crackle-glass bowl that will delight the eye, and a wide rim that offers a perfect landing place for visiting birds. The bowl is supported by a graceful, twisted-steel stand with a ground stake. 12 1/2" dia.; 36" H installed.
Specify 33-465 Crackel Birdbath Amethyst $49.95 or 33-524 Crackle Birdbath Blue $49.95



Like foxfire glowing in the forest, this gazing globe adds nighttime magic to the garden. The globe absorbs sunlight during the day, then begins glowing at dusk or when shaded, for 2 to 4 hours. Each one is a one-of-a-kind work of art, with hand-applied swirls.
Specify 36-217 Celestial Globe $34.95
Specify 33-156 10" Ball Stand $19.95



It's hard to resist smiling when you see this whimsical little pig in stitches over some barnyard hilarity. Place him on his back amid a bed of flowers and he'll cheerfully greet your guests and elicit fond chuckles. Made of poly resin 8"L X 7 1/4" W; 2 lbs.
Specify 37-390 Giggling Pig $14.95



Don't worry, your garden will be safe from these chubby bunnies. They're made of terra cotta with a mossy, aged finish, approx. 8 3/4"H and 7"H.
Specify 37-375 Terra Cotta Bunnies, set of 2 $24.95

by MARGARET RENKL

Crime and Punishment

For me, discipline is not just about obedience—it's about nothing less than shaping my sons' characters for life



Henry, left, and Joe, settling yet another dispute

It was the kind of call that could give a mother a swollen head. When I picked up the phone my neighbor said, "I just want you to know: Any one of your boys can marry either of my girls, and I'd be thrilled. They're so sweet and so polite—I'd like to reserve a couple of them right now. Do they have plans for 2029?" (Her daughters are 3 and 5.)

It was the kind of call that could give a mother a swollen head—*if* my neighbor had had the whole story. Out in the world, my children are truly agreeable, helpful people who share gladly, play by the rules, root for the underdog. Out in the world, they're (mostly) attentive, well mannered and kind. Here in the house, however, these same Cub Scouts can morph without warning into a surly gang of liars, cheats and lazy, back-talking hooligans. It's Dr. Jekyll and Little Boy Hyde.

I don't know why the inner and outer boy are so regularly at odds. Perhaps the effort of being Good Kids wears on them after a whole day and they come home tired and cranky. Maybe it's just not human nature to pull off goodness for long. Whatever the reason, my very good boys have nonetheless been known to litter the floor with their stinking socks, ignore the summons to supper, leave their dirty dishes on the table, check off chore-chart tasks they haven't yet performed and mouth off to parents who've calmly explained that a party that begins at 10:30 P.M. is one they will not be attending. Sometimes they mouth off to each other—"Get away from me, you freaking little MAGGOT!" is Henry's current favorite—despite our insistence on civilized language, and occasionally they skip the uncivilized language and go straight to fisticuffs: Sam will wrestle Joe to the ground and sit on his chest, pinning his skinny arms to the carpet like an insect in biology class and leaning CONTINUED

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This fall, the most important school supply tastes like cinnamon

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Wanted: a one-size-fits-all response to defiance

in, nose to nose, to shout, "Stop bugging me or DIE!"

I don't expect them to be perfect. Children are obligated by nature to test parental boundaries, but part of being a parent means accepting the endless task of taming the barbarians. It used to be easier: If someone broke a family rule, he went to the time-out chair in the hall and sat there for one minute per year he'd been alive. A 2-year-old who slapped his brother in the face got two minutes in the time-out chair. A 5-year-old got five minutes if he claimed to have washed his hands when all he'd done was turn on the water and let it run.

It's not so simple now that they've reached an age where the penalty is supposed to match the crime. If Joe and Henry are squabbling, I separate them so they can learn that isolation is lonely and they ought to work a little harder at getting along. But that particular consequence works only halfway: Joe hates being sent to his room, but Henry's a human Brer Rabbit, easily entertained when left alone and happy to be thrown into that particular briar patch. The one fail-safe punishment for Henry is to ground him from Saturday-morning cartoons on the only day of the week our kids are allowed to watch television. But that particular consequence is harder on my husband, Haywood, and me than it is on Henry. If we outlaw cartoons, then we can kiss sleeping late good-bye because Henry gets up at 5:30 in the morning. By 7 he has exhausted his indoor options for untelevised entertainment and has invited the dogs to join him in a barking game outside our bedroom window.

There are days when I think I'm getting it mostly right, but many, many others when I wonder if I'm having any effect at all. As soon as our kids could toddle, we expected them to put their trash in the trash can and their dirty clothes in the laundry basket—so why does our 15-year-old still open a new CD and let the cellophane wrapping drop to the floor? And why are his brothers, who have been coached since their first "ma-ma" to use kind words, still capable of calling each other "a booger-crusted turd wad"? We're talking years of staying on message here, and it's still going in one ear and out the other?

It doesn't help that the stakes feel so high. I have friends who grew up with uptight, my-way-or-the-highway parents, drill sergeants for whom good behavior was a matter of unvarying conformity to rules. In those families, "because I said so" was an adequate parental explanation for any household law. But Haywood and I come from deeply religious homes, and for our parents discipline was about something much bigger than mere obedience. It was about becoming a good citizen by cleaning up your own messes and taking on your share of responsibility; about being a good steward of God's gifts by working hard to develop your talents; about developing into a good person by heeding the feelings and needs of others. Civilized behavior is hard enough to instill, but when discipline is about nothing less than character formation, the whole issue can seem overwhelmingly huge.

What I secretly long for is a silver bullet, a simple, one-size-fits-all response to defiance and misbehavior that doesn't require hand-wringing or internal debate. But every time I think I have the hang of it, every time I've discovered exactly the right consequence for the wrongdoing du jour, one of my children enters a new phase, and I'm figuring it out all over again. Kids are like flu viruses, constantly mutating to evade vaccines designed to keep them in check.

So I've pretty much given up trying to devise the perfect one-stick-and-it's-done inoculation against bad behavior. My youngest son leaves for college in 2016, and I'm resigned to nine more years of muddling through—making the expectations as clear as I can, responding to each lapse as fairly as I know how.

And I have to admit, I spend a lot of time dreaming of the day when my boys—by then honorable, lovely men (I hope)—finally marry the girls across the street and produce some adorable grandchildren I can spoil perfectly rotten.

Moms, Start Your Blogs



Ever wanted to compare notes with other moms? Join the community of mom bloggers at LHJ.com. Read about moms like you, then tell everyone what your life as a mom is like.

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by EDIE JAROLIM



Susan Netboy with (from left) Cary, Ellie and King, from the Greyhound Friends for Life rescue facility, in Auburn, California

Guardian for Greyhounds

Susan Netboy's heart broke for the graceful racing dogs that were being tormented—and even destroyed—and she decided she must help save them

In an unmarked field some 10 miles from a greyhound racetrack in Alabama, a hidden camera captures two men emerging from a truck. Each leads a greyhound behind a fence. Next, a third man emerges with a slender white dog lying limp in his arms. He tosses the body into a Dumpster. Over the next half hour, according to the narrator, 16 sweet-faced greyhounds are similarly disposed of.

Susan Netboy provided the information that led to the making of this surveillance film, which became an important part of a 2004 television exposé. The shocking revelations were an embarrassment to the greyhound racing industry, an estimated $3 billion-a-year business, which had long claimed that destroying unwanted dogs was no longer a widespread practice.

Netboy knows better. She has exposed multiple killing operations, most recently in 2006. Acting on rumors she'd heard from sources in the industry that dogs had been mysteriously disappearing from Tucson tracks in large numbers, she demanded that the state of Arizona, which regulates the tracks, look into the matter. A state investigation subsequently found that 140 racing dogs that were supposed to have been hauled from Arizona tracks to adoptive homes in Colorado had vanished en route.

The Arizona Department of Racing later banned the hauler involved from state tracks and fined him $140,000—another victory for Netboy.

Rescuing animals has been Netboy's long-time passion. As a young woman she would occasionally hear about an abandoned dog and try to find a home for it. She eventually became part of a group that set up the nonprofit Bay Area Canine Rescue, a San Francisco animal rescue and adoption organization (now disbanded), and later founded the Greyhound Protection League. For more than two decades she has focused on this graceful breed. She says that more than 10,000 of them are destroyed each year—with many more subject to mistreatment.

Why such slaughter? In hopes of producing dogs that will win big at one of the country's estimated 38 tracks in 13 states, breeders produce large numbers CONTINUED



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[1] Mehlhorn H. Mode of Action of Imidacloprid and Comparison with Other Insecticides (i.e. Fipronil and Selamectin) During *In Vivo* and *In Vitro* Experiments. *Suppl Compend Contin Educ Pract Vet.* Vol. 22 No. 4(A) pp. 4-8. April 2000

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Bayer

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of greyhounds. Puppies that aren't fast enough and dogs that have passed their prime (generally reached at age three) are most at risk.

The situation is exacerbated by the loose structure of the industry, with many absentee owners leasing dogs to handlers who actually house and race the animals. This gives corrupt individuals the opportunity to take dogs without the owner's permission and resell them surreptitiously to research facilities. Docile, stoic and strong, they make desirable subjects for medical studies. In another common scenario—as in the Arizona case—an unscrupulous person may offer to transport unwanted dogs to a rescue group only to kill them instead and pocket the transport fee.

Even at the height of their careers, greyhounds can have a sorry life. Netboy says they can be crated for 22 hours a day, even on days when they are racing, and that in too many cases greyhounds at tracks are starved and covered with ticks. "You can't imagine such gentle animals being abused that way," she says. "They're so good-natured."

Netboy, 67, a Penn Valley, California, resident who is divorced with a grown son, shares her home with Argus and Larry, greyhounds she rescued from a shelter and an abusive situation, respectively. The dogs have distinct personalities, she says. Larry is outgoing and friendly. "He thinks that anyone who comes to the house has been hired to pet him." Netboy laughs. "And why shouldn't he? Everyone responds to him." Argus, on the other hand, is shy. "When there are visitors," Netboy says, "he retreats to the back room and hopes no one discovers how cute and sweet he is."

An anonymous tip in 1989 to a loose-knit group of animal rights activists galvanized her activism on behalf of greyhounds. The tipster revealed that the Letterman Army Institute of Research, in San Francisco, was planning to conduct bone-breaking experiments on retired racing greyhounds. Netboy says a crook had already delivered 20 animals, and the now-closed military facility, which studied injuries soldiers sustain in combat, needed them for a pilot study, along with another 100 or so for follow-up experiments.

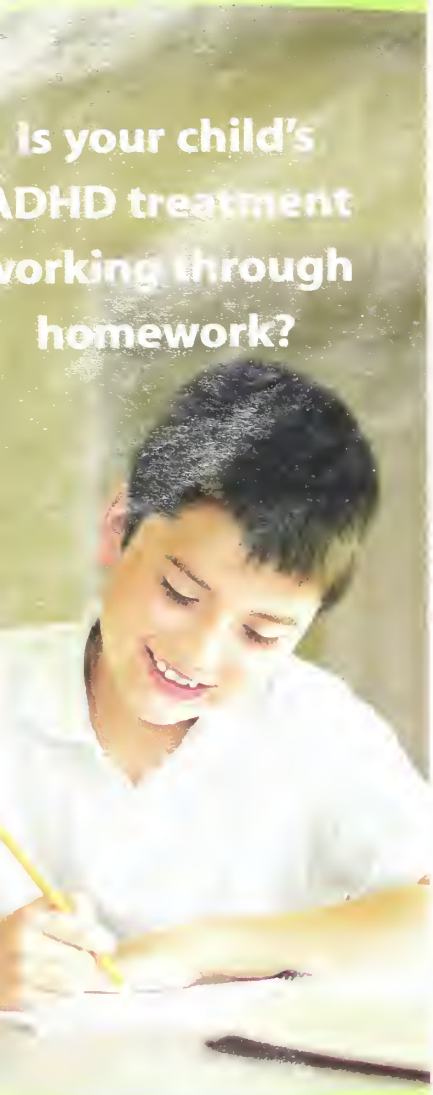
What transpired became a model for Netboy's rescues in the years to come. She contacted the owners of the endangered greyhounds, and several agreed to join a lawsuit against the research facility. Netboy also appealed to local and national legislators and kept the press informed. Eventually 19 of the 20 dogs were saved; one had died of a tick-borne disease.

In her advocacy work, Netboy has help from her canine friends, she says: "I'm inspired every day by Larry and Argus. When they look at me with those soulful eyes or put their heads in my lap, I think about the thousands of others of their breed that have not been fortunate enough to find someone who cares. I know I have to keep going."

For more on the Greyhound Protection League, go to www.greyhounds.org *or call 800-G-HOUNDS.*

LHJ.com

How does Gibson, a 175-pound Great Dane, help heal lonely hearts? Find out at **www.lhj.com/therapydog**



earn about a new ADHD treatment.
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free 30-capsule trial of Vyvanse.

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vyvanse.com

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Shire...your ADHD Support Company™

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A new ADHD treatment: Vyvanse.



hen his ADHD treatment is consistent, so is Kevin.

in's ADHD treatment wasn't consistently controlling his symptoms
ughout his busy day. His teachers, coaches and even his friends didn't
w the Kevin I know.

v Vyvanse has been shown to provide consistent ADHD symptom control
m morning, through homework and family time, for up to 12 hours.

s impressed with the results of the Vyvanse clinical study. Parents reported
HD symptom control at approximately 10:00 a.m., 2:00 p.m. and 6:00 p.m.,
nonstrating consistent symptom control throughout the day.

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Ask your doctor about NEW Vyvanse.
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ortant Safety Information:

the doctor about any heart conditions, including structural abnormali-, that you, your child, or a family member, may have. Inform the doctor
ediately if your child develops symptoms that suggest heart problems, such
hest pain or fainting.

anse should not be taken if your child has advanced disease of the blood vessels
eriosclerosis); symptomatic heart disease, moderate to severe high blood pressure
ractive thyroid gland (hyperthyroidism), known allergy or unusual reactions to
drugs called sympathomimetic amines (for example pseudoephedrine),
ures; glaucoma; a history of problems with alcohol or drugs; agitated
es; taken a monoamine oxidase inhibitor (MAOI) within the last 14 days.

the doctor ***before*** taking Vyvanse if your child is being treated for or has symptoms
lepression (sadness, worthlessness, or hopelessness) or bipolar disorder; has
ormal thought or visions, hears abnormal sounds, or has been diagnosed with

psychosis; has or has had seizures; has tics; has OCD; has or has had high blood pressure
exhibited aggressive behavior; is pregnant. Tell the doctor ***immediately*** if your child
develops any of these conditions or symptoms while taking Vyvanse.

Misuse of amphetamine may lead to dependence. Misuse of amphetamine may
be associated with sudden death and cardiovascular adverse events. These events have
been reported with therapeutic amphetamine use.

Vyvanse was generally well tolerated in clinical studies. The most common side
effects reported in studies of Vyvanse were decreased appetite, difficulty falling
asleep, stomachache, and irritability.

Progression of new abnormal thoughts/behaviors, mania, depression,
worsening of motion or verbal tics, and Tourette's syndrome have been associated
with use of drugs of this type. Tell the doctor if your child has blurred vision while
taking Vyvanse.

se see Brief Summary of Full Prescribing Information on the following page.

Shire ...your ADHD Support Company.™ Vyvanse is a trademark of Shire LLC.

IMPORTANT INFORMATION

Vyvanse™ (lisdexamfetamine dimesylate) capsules

WHAT IS THE MOST IMPORTANT INFORMATION I SHOULD KNOW ABOUT VYVANSE?

Vyvanse is a stimulant medicine. The following have been reported with use of stimulant medicines.

1. Heart-related problems:

- sudden death in patients who have heart problems or heart defects
- stroke and heart attack in adults
- increased blood pressure and heart rate

Tell your doctor if you or your child has any heart problems, heart defects, high blood pressure, or a family history of these problems.
Your doctor should check you or your child carefully for heart problems before starting Vyvanse.
Your doctor should check your or your child's blood pressure and heart rate regularly during treatment with Vyvanse.

Call your doctor right away if you or your child has any signs of heart problems such as chest pain, shortness of breath, or fainting while taking Vyvanse.

2. Mental (Psychiatric) problems:

All Patients

- new or worse behavior and thought problems
- new or worse bipolar illness
- new or worse aggressive behavior or hostility

Children and Teenagers

- new psychotic symptoms (such as hearing voices, believing things that are not true, are suspicious) or new manic symptoms

Tell your doctor about any mental problems you or your child has, or about a family history of suicide, bipolar illness, or depression.

Call your doctor right away if you or your child has any new or worsening mental symptoms or problems while taking Vyvanse, especially seeing or hearing things that are not real, believing things that are not real, or are suspicious.

WHAT IS VYVANSE?

Vyvanse is a central nervous system stimulant prescription medicine. It is used for the treatment of Attention-Deficit Hyperactivity Disorder (ADHD). Vyvanse may help increase attention and decrease impulsiveness and hyperactivity in patients with ADHD. Vyvanse should be used as a part of a total treatment program for ADHD that may include counseling or other therapies.

Vyvanse is a federally controlled substance (CII) because it can be abused or lead to dependence. Keep Vyvanse in a safe place to prevent misuse and abuse. Selling or giving away Vyvanse may harm others, and is against the law.
Tell your doctor if you or your child has (or has a family history of) ever abused or been dependent on alcohol, prescription medicines or street drugs.

WHO SHOULD NOT TAKE VYVANSE?

Vyvanse should not be taken if you or your child:

- has heart disease or hardening of the arteries
- has hyperthyroidism
- is very anxious, tense, or agitated
- has moderate to severe high blood pressure
- has an eye problem called glaucoma
- has a history of drug abuse
- is taking or has taken within the past 14 days an antidepression medicine called a monoamine oxidase inhibitor or MAOI.
- is sensitive to, allergic to, or had a reaction to other stimulant medicines

Vyvanse has not been studied in children less than 6 years old.
Vyvanse is not recommended for use in children less than 3 years old.

Vyvanse may not be right for you or your child. Before starting Vyvanse tell your or your child's doctor about all health conditions (or a family history of) including:

- heart problems, heart defects, high blood pressure
- mental problems including psychosis, mania, bipolar illness, or depression
- tics or Tourette's syndrome
- liver or kidney problems
- thyroid problems
- seizures or have had an abnormal brain wave test (EEG)

Tell your doctor if you or your child is pregnant, planning to become pregnant, or breastfeeding.

CAN VYVANSE BE TAKEN WITH OTHER MEDICINES?

Tell your doctor about all of the medicines that you or your child takes including prescription and nonprescription medicines, vitamins, and herbal supplements. Vyvanse and some medicines may interact with each other and cause serious side effects. Sometimes the doses of other medicines will need to be adjusted while taking Vyvanse. Your doctor will decide whether Vyvanse can be taken with other medicines.
Especially tell your doctor if you or your child takes:

- antidepression medicines including MAOIs
- lithium
- seizure medicines
- antipsychotic medicines
- blood pressure medicines
- narcotic pain medicines

Know the medicines that you or your child takes. Keep a list of your medicines with you to show your doctor and pharmacist.
Do not start any new medicine while taking Vyvanse without talking to your doctor first.

HOW SHOULD VYVANSE BE TAKEN?

- Take Vyvanse exactly as prescribed. Vyvanse comes in 3 different strength capsules. Your doctor may adjust the dose until it is right for you or your child.
- Take Vyvanse once a day in the morning.
- Vyvanse can be taken with or without food.
- From time to time, your doctor may stop Vyvanse treatment for awhile to check ADHD symptoms.
- Your doctor may do regular checks of the blood, heart, and blood pressure while taking Vyvanse. Children should have their height and weight checked often while taking Vyvanse. Vyvanse treatment may be stopped if a problem is found during these check-ups.
- If you or your child takes too much Vyvanse or overdoses, call your doctor or poison control center right away, or get emergency treatment.

WHAT ARE POSSIBLE SIDE EFFECTS OF VYVANSE?

See "What is the most important information I should know about Vyvanse?" for information on reported heart and mental problems.

Other serious side effects include:

- slowing of growth (height and weight) in children
- seizures, mainly in patients with a history of seizures
- eyesight changes or blurred vision

Common side effects include:

- upper belly pain
- dizziness
- irritability
- nausea
- weight loss
- decreased appetite
- dry mouth
- trouble sleeping
- vomiting

Vyvanse may affect your or your child's ability to drive or do other dangerous activities.

Talk to your doctor if you or your child has side effects that are bothersome or do not go away.

This is not a complete list of possible side effects. Ask your doctor or pharmacist for more information.

HOW SHOULD I STORE VYVANSE?

- Store Vyvanse in a safe place at room temperature, 59 to 86° F (15 to 30° C). Protect from light.
- Keep Vyvanse and all medicines out of the reach of children.

GENERAL INFORMATION ABOUT VYVANSE

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use Vyvanse for a condition for which it was not prescribed. Do not give Vyvanse to other people, even if they have the same condition. It may harm them and it is against the law.

This Medication Guide summarizes the most important information about Vyvanse. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information about Vyvanse that was written for healthcare professionals. For more information about Vyvanse, please contact Shire US Inc. at 1-800-828-2088 or visit www.Vyvanse.com.

WHAT ARE THE INGREDIENTS IN VYVANSE?

Active Ingredient: lisdexamfetamine dimesylate

Inactive Ingredients: microcrystalline cellulose, croscarmellose sodium, and magnesium stearate. The capsule shells contain gelatin, titanium dioxide, and one or more of the following: D&C Red #28, D&C Yellow #10, FD&C Blue #1 and FD&C red #40.

NEED INFORMATION OR HAVE A QUESTION?

This is only a summary of important information. Ask your doctor or pharmacist for complete product information. Go to www.Vyvanse.com. Or call 1-800-828-2088.

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Shire

This Medication Guide has been approved by the U.S. Food and Drug Administration.
D2/D7 LDXBS3

A new ADHD treatment: Vyvanse.



...en her ADHD treatment is consistent, so is Sarah.

...h's ADHD treatment wasn't consistently controlling her symptoms ...ughout her busy day. Her teachers, coaches and even her friends didn't ...w the Sarah I know.

... Vyvanse has been shown to provide consistent ADHD symptom control ... morning, through homework and family time, for up to 12 hours.

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Ask your doctor about NEW Vyvanse.
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...se see Brief Summary of Full Prescribing Information on the previous page.

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So You Want Your Own Business?

Buying a franchise is one way to fulfill your dream—but beware of the possible traps



For as long as she can remember, Carii Liberto, 31, of Kansasville, Wisconsin, has dreamed of running her own business. What held her back? She lacked a concept for a hot new product or service—and she doubted her ability to start a company from scratch.

But in 2005 Liberto, then a sales representative, found the answer to her entrepreneurial aspirations: Dinner by Design, a fast-growing meal-assembly franchisor that lets time-starved customers assemble pre-chopped, measured and seasoned ingredients as entrées that can be frozen and then heated and served later. After two visits to her local Dinner by Design—Liberto loved the cuisine and the convenience—she decided to buy a food-prep franchise of some kind and recruited her mother, Barb Groth, a retired dietitian and sales executive, as her business partner.

From there the duo began an eight-month process of researching meal-assembly corporations; talking to Dinner by Design franchise owners and their competitors; completing reams of paperwork; enlisting a commercial real-estate broker to help them find a location and negotiate a lease; and applying for a bank loan to help fund start-up costs. In 2006 they signed a 10-year contract with Dinner by Design—and paid a $35,000 franchise fee for the right to open a branch in New Berlin, a suburb of Milwaukee. They spent about $131,000 to build the facility and buy equipment and over the next eight months they acquired two more locations in southeastern Wisconsin for an additional $200,000, bringing their total outlay to slightly more than $366,000.

"We're making slow, steady progress, and we're meeting our own goals," says Groth, 57. "Running a business is harder than we imagined, but it's also more fun and rewarding. And doing it as a franchise is easier than starting a brand-new company. We didn't have the expertise to develop the menus, test the entrées or gain partnerships with other major companies—not to mention gather all the marketing tips we've picked up from conferences for franchisees."

Liberto and Groth are among the growing number of women who are turning to franchising as a way to work CONTINUED

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THE ORIGINAL
OOEY-GOOEY TASTE.
STILL 90 CALORIES.



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for themselves and escape the limits of corporate life but also enjoy the benefits franchising affords: brand recognition that attracts customers right away; start-up training; ongoing support services from the franchise company; and a proven business plan to execute.

Of course, as many discover, franchising isn't without risks. If the parent corporation goes out of business, you could, too. Or if it's acquired by another company—a common occurrence—the new owner may require you to make sweeping changes to convert to its brand. "The franchisee's bottom line may go south or may dramatically improve depending on who is doing the buying," says John Matthews, president and CEO of Gray Cat Enterprises, in North Barrington, Illinois, a consulting firm for the franchise industry.

Nor is buying a franchise a get-rich-quick scheme—or much of a get-rich-slow plan, either. Like any new business venture, a franchise must be nurtured before it delivers on the initial investment, and while it's possible to earn a six-figure income as a franchise owner, it's not likely, especially if you operate just one outlet. Liberto and Groth didn't turn a profit until their first Dinner by Design had been open one year. They're also working harder than they did in the corporate world—12-hour days during the week and half days on weekends—and while Liberto earns $35,000 a year, Groth is forgoing a salary until their three locations are financially secure (by the end of this year, they expect).

It's possible to earn a six-figure income as a franchise owner, but not likely

Before you invest your life's savings to open a franchise, experts advise you to weigh the pros and cons, then proceed with caution. "Even if you're purchasing an established franchise, do your homework," warns Susan P. Kezios, president of the American Franchisee Association, a Chicago-based trade association of franchise owners. Here are some factors to consider before signing on:

LHJ.com

Are you in control of your money? Take our quiz to find out if you need to break bad spending habits
www.lhj.com/moneyquiz

Start-Up Costs

Buying a franchise isn't cheap. The price varies substantially and depends on the type of business: It takes an estimated $655,000 to $1,255,000 to invest in a McDonald's, yet only an estimated $11,800 to $522,800 to invest in a Century 21 Real Estate company. Franchisors also set minimum net worth requirements for prospective franchisees to ensure that they've got the cash flow to keep the business afloat in the inevitable early lean period.

Most franchise owners use a combination of personal savings and loans from family, friends, banks or the U.S. Small Business Administration to fund start-up costs. Some franchisors offer financing, but their rates tend to be higher, according to Joe Mathews, owner of Franchise Performance Group, a consulting firm in Litchfield, Connecticut, so always comparison shop for the best rates.

Potential Returns

It can be tough to calculate how much money you can earn as a franchise owner. As a general rule, Mathews recommends that you use this formula to project earnings after a ramp-up period of a year or two: Take your investment cost and multiply it by 40 to 50 percent. For example, a $200,000 investment in an industry-leading franchise should result in eventual annual owner earnings of $80,000 to $100,000. Also, be aware that the average resale value of a franchise is 2.5 times what the owner earns. "So if you open a franchise for $250,000 and you make $75,000 a year, your business may be worth under $200,000 should you decide to sell," Mathews says.

It may sound counterintuitive to think about selling a business you haven't yet bought, but consider it part of your due diligence. Like it or not, most franchise agreements are a 10- to 20-year commitment. If you want or need to sell, you can; however, the franchisor must approve the new buyer on the basis of its financial criteria, and there is a transfer fee usually factored into the initial sales price, around 15 to 40 percent of the franchise fee.

Franchise Agreements and Obligations

Franchisees are expected to execute the franchisor's business plan, implement uniform systems and follow the rules in the operating manual—not add products or services at their whim, and not change the color of the menu or the logo on printed materials. To find out exactly what you'd be getting into, request the franchisor's Uniform Franchise Offering Circular (UFOC)—a legal document that spells out CONTINUED

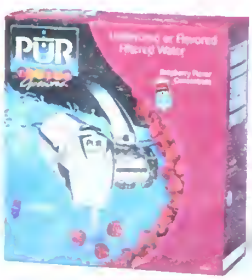


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the obligations of the franchisor and franchisee and the terms that will govern the relationship for the length of the contract.

The UFOC covers 23 key areas, including the upfront franchise fee (midrange is $20,000 to $40,000); the annual royalties franchisors charge their franchisees (between 5 and 10 percent of the franchisees' gross sales); the amount franchisees must contribute annually to the corporate advertising budget (ranging from one-half percent to 5 percent of gross sales); and the annual amount that franchisees pay to the local, regional or national advertising budget. For example, Liberto and Groth pay 1 percent of their sales to Dinner by Design's national advertising fund and another 2 percent to the co-op advertising in their area. In return, they've received advertising support from Dinner by Design, upgrades to their Web site, and seasonal promotions with nationally recognized companies; through their co-op, they've purchased TV advertising and commercials on two Milwaukee radio stations.

> Franchisors can, and do, require you to make changes—on your own dime

Review the UFOCs of several franchisors in your chosen industry and compare their terms to see which one is the most favorable and least restrictive. Here are some sticky areas that you should evaluate carefully, according to Mathews:

- **Are franchisees required to buy supplies exclusively from the franchisor or another specific source?** The franchisor may insist that you buy from certain suppliers, or may itself be the sole supplier for the products and services it sells, so it may mark up the price to cover its own costs.
- **Is the franchisee's territory truly exclusive—or does the franchisor reserve the right to open outlets within those limits?** Many retail and restaurant franchisors do not offer an exclusive territory. In fact, says Mathews, franchisors such as Quiznos have gained a reputation for cannibalizing successful franchisees' businesses by allowing too many locations to open in close proximity to one another.
- **How many changes can the franchisor make over the life of the franchise agreement?** "You're agreeing to comply with the franchise corporation's procedures as they may change from time to time, and they do," Kezios warns. "If the franchisor decides tonight that tomorrow morning the menu board will be larger or smaller or in some way different, the costs to make the changes are yours, not its."

After you've submitted your application to the franchisor, a recruiter will call to give you the hard sell. Resist pressure tactics. "Often these are salespeople, and their job is to sell franchises—not evaluate whether you're the right person to run one," Mathews cautions. It's essential to talk to current franchisees, who can explain their working relationship with the franchisor and discuss financial information that franchisors aren't legally required to disclose in the UFOC—and usually don't. While the franchisor will refer you to satisfied and successful franchisees, it's also wise to seek out some on your own so that you'll hear the unvarnished truth. Among the questions to ask franchisees:

- **Did the franchisor's training adequately prepare you to run the business?**
- **Does the franchisor's support, such as educational seminars and technical assistance, make a difference?**
- **Has the franchisor imposed changes you had to pay for?**
- **When did you start making money?**
- **Knowing what you know now, would you still buy the franchise?**

Experts also provide valuable guidance. Hire an accountant to help you understand the franchisor's financial picture, assess your risk and set realistic goals. Contact the Better Business Bureau in the city where the franchisor has its headquarters to find out whether consumers have complained about its products or services; check with your state attorney general's office for details about the rights of franchise owners.

Finally, hire an experienced franchisee attorney to review the complex UFOC and franchise contract. (For a list of lawyers, visit the American Franchisee Association at *www.franchisee.org* and click on "legal resources." Or visit the International Franchise Association at *www.franchise.org*, search for "attorney" and click on "supplier.") Not only can an attorney help you understand your obligations under the contract, but she may be able to negotiate better terms for you. "The franchisor's salesperson may not offer to change the current deal, but an experienced franchisee attorney can help you negotiate a better one," Kezios says. "Newer and smaller franchisors often are more open to changing the terms."

We've got to stop meeting like this.



Worried about how many times you excuse yourself?

You can do something about your bladder control problem. Ask your doctor about DETROL LA.

Have strong, sudden urges to go to the bathroom, and maybe even accidents? Go more than 8 times a day? If so, you may have a medical condition called overactive bladder. But with DETROL LA, you can help reduce the symptoms so you can worry less about your bladder.

One DETROL LA works 24 hours, all day and all night.* It helps calm the bladder muscle that causes those strong, sudden urges. Just imagine what a calmer bladder can do for you.

DETROL LA 24 HOURS

Detrol LA

tolterodine tartrate

extended release capsules

If you have certain stomach problems, glaucoma, or trouble getting urine to pass, you shouldn't take DETROL LA. The most common side effects are dry mouth, headache, constipation, and abdominal pain.

DETROL LA, like all medicines, has benefits and risks. There may be other options. Ask your doctor if DETROL LA is right for you. For more information, visit DETROLLA.com.

*Results may vary. Please see important product information on back.

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helpful answers

IMPORTANT FACTS

Detrol LA
tolterodine tartrate
extended release capsules

(DEH-trol el-ay)

ABOUT OVERACTIVE BLADDER

Overactive bladder happens when the bladder muscle squeezes too often or it cannot be controlled. You may have wetting accidents (urge urinary incontinence). You may feel a strong need to pass urine right away (urgency). You may also feel you need to go often (frequency).

WHO IS DETROL LA (long-acting) FOR?

Who can take DETROL LA?

Adults 18 years and older with symptoms of overactive bladder.

Who should not take DETROL LA?

Do not take DETROL LA if:

- You have trouble emptying your bladder (urinary retention).
- Your stomach empties slowly (gastric retention).
- You have an eye problem called uncontrolled narrow-angle glaucoma.
- You are allergic to anything in DETROL LA.

DETROL LA did not help the symptoms of overactive bladder when studied in children.

BEFORE YOU START DETROL LA

Tell your doctor about all your medical conditions, including:

- Stomach or intestinal problems.
- Trouble emptying your bladder or if you have a weak urine stream.
- An eye problem called narrow-angle glaucoma.
- Liver or kidney problems.
- If you or any family members have a rare heart condition called QT prolongation (long QT syndrome). If you are pregnant or trying to become pregnant. We do not know if DETROL LA could harm your unborn baby.
- If you are breast-feeding. We do not know if DETROL LA passes into your milk or if it can harm your baby.

Tell your doctor about all your medicines. Include over-the-counter medicines, vitamins, and herbal products. Other drugs may change how your body handles DETROL LA. Your doctor may use a lower dose of DETROL LA if you take:

- Some medicines for fungus or yeast infections such as Nizoral® (ketoconazole), Sporanox® (itraconazole), and Monistat® (miconazole).
- Some medicines for bacteria infections such as Biaxin® (clarithromycin) and erythromycin.
- Sandimmune® (cyclosporine) or Velban® (vinblastine).

POSSIBLE SIDE EFFECTS OF DETROL LA

The most common side effects are:

- dry mouth
- constipation
- headache
- stomach pain

These are not all the side effects of DETROL LA. For a complete list of side effects, ask your doctor or pharmacist.

HOW TO TAKE DETROL LA

Do:

- Take DETROL LA exactly as your doctor tells you. For some people, DETROL LA may not work right away. Check with your doctor before stopping DETROL LA.
- Take DETROL LA capsules once a day with liquid, at the same time each day.
- Take DETROL LA with or without food.
- If you miss a dose of DETROL LA, begin taking DETROL LA again the next day. Do not take 2 doses of DETROL LA in the same day.
- Store DETROL LA at room temperature and out of light.

Don't:

- Do not drive a car or work with machines until you know how DETROL LA affects you. Medicines like DETROL LA can cause blurry vision. They can make you dizzy and sleepy.
- Do not change the dose on your own. Talk with your doctor.

ABOUT DETROL LA

DETROL LA is a prescription medicine that treats the symptoms of overactive bladder.

- It reduces wetting accidents.
- It reduces the sudden, strong urge to pass urine.
- It helps you have fewer trips to the bathroom.

NEED MORE INFORMATION?

- This is only a summary of important information. Ask your doctor or pharmacist for complete product information.
- Go to www.detrolla.com.
- Call **(1-888) 4-DETROL (1-888-433-8765)**.

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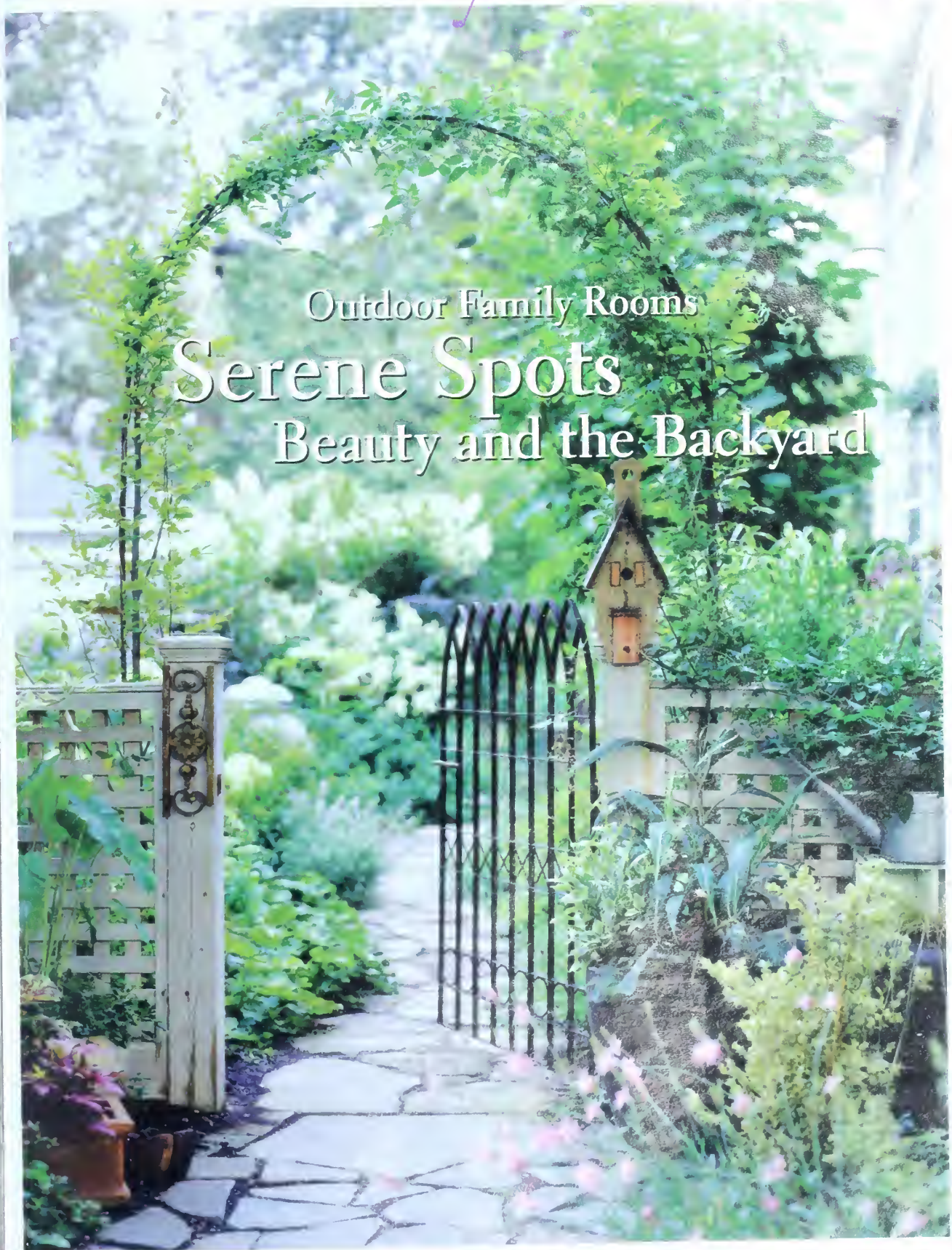


SHADES OF PINK

Pretty as can be, these exquisite pink trumpets fill the garden with a succession of color spring through summer, from pastel to salmon to strawberry pink—with ruffled edges or distinctively marked throats—this glorious assortment establishes quickly to become a mainstay of the garden. All tuberous roots grow vigorously into clumps of attractive foliage surrounding abundant blooms. From White Flower Farm, this pink daylily collection includes 24 plants—six each of four different varieties, not labeled. Zones 3–8. Plants are shipped bare root and include growing and care instructions. Shipments will a at proper planting time. O will be shipped September November 15, 2007. Order quantities are limited.

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GREAT GARDEN ROOMS

Create a cozy gathering space right in your own backyard with these clever designs

PHOTOGRAPH BY ROSS CHAPPLE
WRITTEN BY KIERAN JUSKA



A hammock and a lawn umbrella are nice—as far as they go. If you really want to turn your backyard into an oasis for entertaining and relaxing—and who doesn't when the weather cooperates—ordinary folding lawn chairs and the like just won't cut it. But neither is expensive custom furniture nor landscaping required to create an outdoor room where friends and family can congregate. Indeed, some of the most charming outdoor spaces are built around budget-friendly garden structures, including benches, pergolas and fences. These architectural accents give an otherwise blank slate a focal point and can make even a vast open space feel intimate. Consider using traditional garden structures in creative ways: Picket fencing that ordinarily encloses a front yard can be used in shorter lengths to create cozy corners for seating or as "walls" to help designate a dining area from the rest of the space. Pergolas, generally built off the back or side of a house, also come in ready-made freestanding versions; put one in a favorite corner of the garden to create a separate seating area. A trellis covered in lush foliage makes an ideal backdrop for a bench, while a vine-covered iron arch makes a wonderful garden entrance. Read on for more ideas on how to enhance the look of your yard. CONTINUED

This freestanding canopy creates the sense of a room without the confines of walls; all it takes is a level plot for it to stand on. The weather-resistant fabric top gently blocks harsh sunlight, while a few special touches—a chandelier, an area rug, cushioned seating—make the space an ideal place to entertain on a summer afternoon.





GORGEOUS GARDEN GARNISHES

Left: Erecting a pergola (an open-framed structure with a slatted roof) is a great way to create a separate outdoor area just off your house that still connects with the the landscape. This model adds intimacy to a brick patio dining area, but one constructed over a simple patch of grass adorned with chairs would be just as cozy. To give the space below sun-dappled shade, plan for an overhead garden with leafy, climbing vines; clematis and grapes make fine choices, as does wisteria—eventually.

Above: This short length of picket fencing does the job of a low back wall, providing this otherwise-open seating area a tucked-away-in-a-corner feeling. Painted Adirondack chairs with wide-striped cushions and an elegant iron side table offer a comfor-table place to relax; charming vintage birdhouses encourage feathered friends to become tuneful neighbors.

Below: This unfussy wraparound bench creates instant garden seating. As a great spot to read or just take in the landscape, it's a unique twist on the traditional garden bench.

CONTINUED



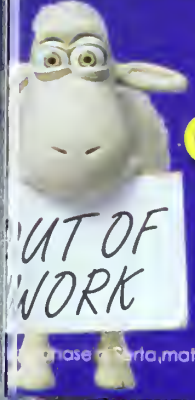
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Pretty up your yard this summer with these great-looking, budget-friendly structures

Get the Look

1 [illegible] is made from thick UV-stable vinyl, which won't dent, warp, crack or yellow. It's also easy to assemble—letting you spend your precious summer afternoons sitting under it, not building it. $773; *www.homedepot.com*

2 [illegible] is made from untreated white cedar, which is durable and decay resistant and will weather to a beautiful silvery gray. Available in two sizes with an optional cedar back, it will look great around any sizable tree in any garden decor. From $198, *www.orvis.com*

3 [illegible] measures a generous 10 by 12 feet and is supported by a heavy duty steel frame. It includes side panels made from netted material that discourage bugs from joining you and your clan but still allow for ample light and summer breezes. $[illegible], *www.walmart.com*

4 [illegible] has the look of the classic picket fence many homeowners dream of—without the hassle and maintenance of painted wood. The four foot tall fence is sold by the foot; use shorter lengths to creatively create the feeling of walls or cozy corners in your garden. $15.32 per foot; *www.lifetimevinyl.com*





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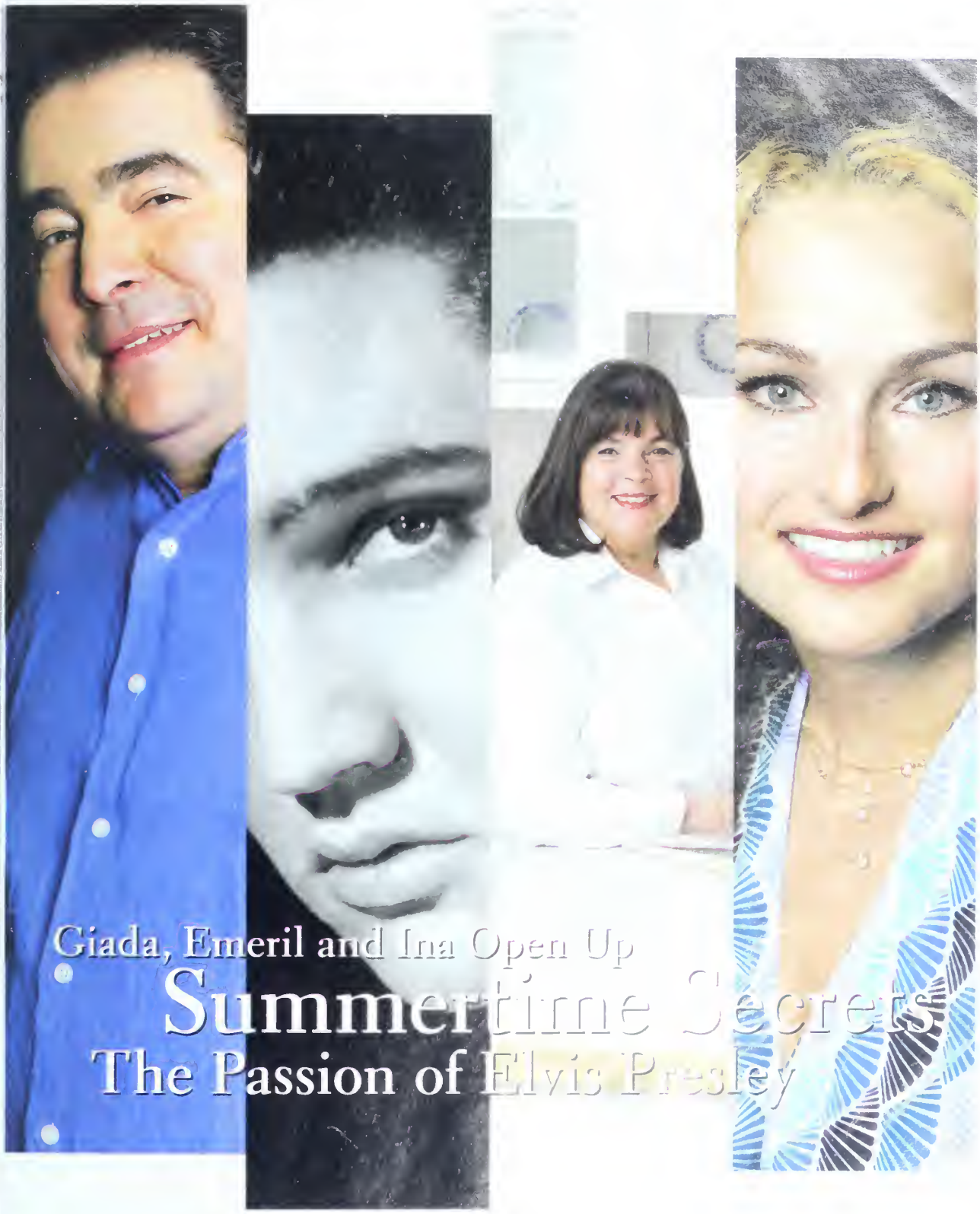
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Giada, Emeril and Ina Open Up

Summertime Secrets

The Passion of Elvis Presley

SECRETS FROM ALL



From left, Ina Garten, Giada De Laurentiis and Emeril Lagasse get ready to cook up a summer storm of fresh, healthy dishes

STAR CHEFS

Let these food gurus—Ina Garten, Giada De Laurentiis and Emeril Lagasse—help you whip up delicious summertime dinners

GIADA DE LAURENTIIS

Giada De Laurentiis is known for her light and streamlined versions of classic Italian dishes, and summer is when her simple, delicious recipes shine. The granddaughter of legendary movie producer Dino De Laurentiis, Giada's culinary influences come from both sides of the Atlantic. She was born in Rome in 1970 but raised in Los Angeles. De Laurentiis, 37, got her introduction to fine food at home, then honed her skills by training at Le Cordon Bleu, the famed Parisian cooking school, and working in top Los Angeles restaurants. Clearly, cooking for—and with—family remains one of the most important facets of her life.

Ladies' Home Journal: Is food central to your family?

Giada De Laurentiis: Anything that's really important to us happens in the kitchen or over a meal. I fell in love with cooking because it's such a big part of our life. There's a lot of laughter, storytelling and sharing of creative ideas for dishes. And believe me, when we're together, it can get pretty loud!

By Stephanie Woodard

Photographed by Troy Word

LHJ: Who cooks when you all assemble for a meal?

GD: Me, my Aunt Raffy and my grandfather. My grandfather gave me a passion for food, and my aunt taught me to be creative. They and my mother, who put healthy, delicious meals on the table for four children, made me the person I am today.

LHJ: Tradition is certainly the basis of your cooking. But what about innovation? Has anyone ever said, "You can't do that with food"?

GD: What gets my grandfather more than anything is using ingredients—like tomatoes—from a jar or can. He thinks everything should be made from scratch using fresh ingredients. He's 88 and the product of a very different world, one in which his mom did cook that way. I tell him no one's going to make Italian food at home if I don't occasionally give them the option to use canned tomatoes.

LHJ: Is this a good time of year to think about eating healthy food?

GD: The warm weather and beautiful ingredients naturally inspire people. Everything tastes so much better, and you want to experience that, rather than smother fruits and vegetables with sauces. As a result, you can put together a fantastic meal in no time. Grilling, which is quick and easy, is a big part of that.

LHJ: Your food is so pretty and bright. It seems to go with summer.

GD: You eat with your eyes first. If a dish is colorful, you want to dig in. I'm aware of this when [illegible]



Giada De Laurentiis loves sharing new recipe ideas with both family and fans

buy jewelry that's called "by the yard." Diamonds by the yard and so on.

LHJ: Your television work is certainly keeping you busy.

GD: And my books [available at *www.giadadelaurentiis.com*]. My third one, *Everyday Pasta*, came out this past spring, and I'm going to begin planning one that will be published in September 2008. But yes, I'll be doing more for *Today*, I'm continuing to shoot *Giada's Weekend Getaways*–I just did a New Orleans episode–and I have done a series called *Giada in Paradise*, in which I go with my extended family to Capri and then with my husband to Santorini, Greece. *Everyday Italian* is ongoing as well, with 20 new episodes in the works.

LHJ: When will you have time to start your own family?

GD: In the next several months hopefully things will level off, and my husband, who is a clothing designer for the store Anthropologie, and I might start working on that. We'd like that.

cooking on television, because viewers can't smell, taste or touch anything.

LHJ: How do you decorate your outdoor table?

GD: My house is by the beach, so that's what inspires me. I often collect seashells and rocks and I'll mix them on the table with candles in brass holders. Rather than flowers I would display little herb plants in pots.

LHJ: And when you entertain, you're wearing your necklaces? They're your signature, after all.

GD: They never come off. People say they recognize me by them.

LHJ: Are they available in stores?

GD: No. My husband, Todd Thompson, had them made for me. But if someone likes the look, it's possible to

WHAT FOOD CAN'T YOU LIVE WITHOUT IN SUMMER?

GIADA DE LAURENTIIS
"Lots of orange and lemon, which I zest or squeeze over pastas and salads—phenomenal!"

EMERIL LAGASSE
"When I was a kid my dad and I would buy 20, 30 ears of corn from a farm stand and come home for a corn boil. Now my kids love corn, too."

INA GARTEN
"I'd have to say basil. I could eat tomato, mozzarella and basil Caprese salad daily."

FAVORITE TUNES TO CRANK UP WHILE COOKING

GIADA DE LAURENTIIS
"Blues/rock artist John Mayer, though my husband will put on the high-energy Red Hot Chili Peppers."

EMERIL LAGASSE
"We're a music family, not a TV family—except during football season! So we listen to everything, but mostly New Orleans jazz like Jeremy Davenport and Harry Connick, Jr."

INA GARTEN
"Hotel Costes' sleek, mellow compilations."

INA GARTEN



Surprise party gues[illegible] with fun, casual food, like yummy meat loaf, advises Ina Garten

Ina Garten is very clear about what she most loves to do. "People have asked me to produce clothing lines! Furniture!" exclaims the woman known fondly as the Barefoot Contessa, after the specialty-food shop in eastern Long Island, where her career as a chef began in 1978. Garten, 59, would rather stick to creating recipes for simple but sophisticated food and providing advice for casual yet elegant entertaining that couldn't be more appropriate for this time of year. The store may have shuttered its doors, but fans can still order from her new Barefoot Contessa Pantry line of convenience foods via her online site (www.inagarten.com) or choose recipes from her five cookbooks, including her latest, *Barefoot Contessa at Home: Everyday Recipes You'll Make Over and Over Again*. She also appears on her own Food Network show, called—you guessed it—*Barefoot Contessa*. "I wouldn't want to do too much and forget why I got into this in the first place, which is that I love to have parties with my friends," she says. "I always come back to that."

Ladies' Home Journal: Does your cooking style change in summer?

Ina Garten: I always cook simply—but even more so now because the produce is so wonderful. I love the first raspberries, the first corn of the season. Many of these items need less actual "cooking" than during colder months—or none at all. I serve berries with a dollop of crème fraîche or ice cream, for example. Or a simple thing I do with corn is slice it off the cob and sauté it in butter, salt and pepper.

LHJ: So, it's all about ingredients?

IG: And synergy. For example, my ideal summer dessert is peaches with Sauternes, a sweet dessert wine. Peel the fruit and slice it into a bowl; pour in the wine to cover, and let it sit for at least two hours. That's it—two ingredients that make each other better.

LHJ: How do you typically approach party giving?

IG: I'm a real planner. You have to make a menu, then decide to cook fewer dishes and cross things off. And don't make more than two things yourself. If you do the main course and a side dish, buy the dessert. Or plan something fun, like do it yourself ice cream sodas. Draw up shopping lists, and make a minute-by-minute schedule—at 5 turn the oven on, at 5:15 put the turkey meat loaf in. The difference between a good party and a bad party has nothing to do with the food. It has all to do with the host and hostess having fun.

LHJ: You're always calm?

IG: Of course, like anybody, if I'm giving a party, my husband knows not to talk to me during the 15 minutes right before guests arrive!

LHJ: What do you say about eating outside?

IG: When I was catering, clients would want to plan outdoor parties for 100. I would ask: "What if it happens to rain or is too hot or cold? Do you have room to move everyone inside at the last minute?"

LHJ: So how *do* you entertain at this time of year?

IG: I like to serve drinks outside, then everybody comes inside—no bugs, very easy. You've been outside, but you're not fighting with nature while you eat. And remember, lots of summer foods—like salads and fruit desserts—are best at room temperature, which means no standing over the stove or grill at the last minute.

LHJ: What about table decorations?

IG: In summer I love stripes for the tablecloth and casual wildflowers for the centerpiece.

LHJ: You've reinvented yourself a few times: you've been a Washington, D.C., policy analyst, a store owner, a cookbook writer. Why?

IG: I have a low threshold for boredom. If my work doesn't keep me up at night, it's not interesting. When that happens, I jump off the cliff and learn to fly on the way down. The new direction always turns out to be so much more interesting than the old one. Currently, though, I'd be very happy if my life stayed just like this. CONTINUED



Summer means simple, light food—often right from the garden—for Emeril Lagasse

Despite appearances in more than 1,700 Food Network television episodes and a list of cooking awards that's as long as a rolling pin, Emeril Lagasse is, at heart, just a guy who loves to brag about his kids: Meril, 2; Emeril, Jr., 4, and Jessica and Jillian, both in their 20s. He and his wife, Alden, love to cook with them as well—even the little ones. "We make ice cream and sorbets together," he says, "and we have homemade-pizza parties. They have a ball." You can still hear a strong Massachusetts accent in this Louisiana transplant's voice. Lagasse, 47, grew up south of Boston and, after earning a culinary degree from Johnson & Wales University, in Rhode Island, and apprenticeships in restaurants in Paris and Lyons, moved to New Orleans in 1982 to run Commander's Palace, a legendary restaurant. Lagasse soon began creating his own mouthwatering, innovative versions of Cajun and Creole cuisine and opened his eponymous restaurant in 1990. Accolades, more eateries in cities including Las Vegas and Atlanta, cookbooks and a line of packaged foods and kitchen equipment (available at *www.emerils.com*) followed. Emeril and his favorite phrases, "Kick it up a notch!" and "Bam!" were soon famous.

Ladies' Home Journal: Are your kids good eaters?

Emeril Lagasse: My children eat fruits, vegetables, everything, but my wife and I don't preach about food. We have a garden with tomatoes, herbs, fruit trees—good food is simply part of our everyday life.

LHJ: When you cook at home, what's the scene like?

EL: Everyone helps. My wife and two older daughters are good cooks, and Emeril, Jr., is, too. He always wants to be by my side, getting involved. He even asks me to buy ingredients just for him to use when we go to the grocery store.

LHJ: What does cooking together mean for your family?

EL: My wife and I value the family table. It's very important to us. We like to have our parents over, along with some friends, and of course, the kids—15 or 20 people is pretty ordinary for us.

LHJ: Are there cooking techniques you rely on in summer?

EL: I steam and grill more than I do during the winter months. At this time of year, I also like to cook *en papillote:* That's when the ingredients are wrapped in foil or parchment, which maintains the natural juices and nutrients—and is really delicious. And of course, New Orleans is great these days for seasonal food, like shrimp and our local Creole tomatoes.

LHJ: I understand you just opened your 10th restaurant.

EL: Yes, it's called Emeril's Gulf Coast Fish House, and it's right on the beach in Gulfport, Mississippi, where my wife grew up—so we have a lot of memories of friends and family. Before Hurricane Katrina hit, in 2005, my wife and I had a beach house there. Then, like a lot of the Louisiana and Mississippi coastline, the house was wiped out. We had been renovating the place for two and a half years, and now it's just a slab. But you know, that's life.

LHJ: Did you and your wife like to entertain there?

EL: Before the storm, we had a lot of fish fries—we'd do speckled trout, snapper, shrimp. We'd drive just four or five minutes from the house to buy the seafood right off the boats.

LHJ: Will you rebuild?

EL: Yes. It's just a matter of time. The whole area was really pummeled by Katrina. But it is slowly coming back.

LHJ: What do you do to relax?

EL: People ask, "What do you do on your day off, Emeril?" I cook!

For recipes from Giada De Laurentiis, Ina Garten and Emeril Lagasse, please turn to page 146.

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LYRICA may make you feel dizzy or sleepy.

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LYRICA may cause problems with your eyesight, including blurry vision. Call your doctor if you have any changes in your eyesight.

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LYRICA is a prescription medicine used to treat:

- Nerve pain from diabetes
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This pain can be sharp or burning. It can feel like tingling, shooting, or numbness. Some people taking LYRICA had less pain by the end of the first week. LYRICA may not work for everyone.

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Who can take LYRICA:

- Adults 18 years or older with nerve pain from diabetes or after shingles

Who should NOT take LYRICA:

- Anyone who is allergic to anything in LYRICA

LYRICA has not been studied for nerve pain in children under 18 years of age.

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Tell your doctor about all your medical conditions.
Tell your doctor if you:

- Have or had kidney problems or dialysis
- Have heart problems, including heart failure
- Have a bleeding problem or a low blood platelet count
- Have abused drugs or alcohol. LYRICA may cause some people to feel "high."
- Are either a man or woman planning to have children or a woman who is breast-feeding, pregnant, or may become pregnant. It is not known if LYRICA may decrease male fertility, cause birth defects, or pass into breast milk.

Tell your doctor about all your medicines. Include over-the-counter medicines, vitamins, and herbal products. Tell your doctor if you take:

- Rosiglitazone (Avandia®)* or pioglitazone (Actos®)** for diabetes
- Narcotic pain medicine such as oxycodone, tranquilizers, or medicines for anxiety such as lorazepam
- Any medicines that make you sleepy

POSSIBLE SIDE EFFECTS OF LYRICA

LYRICA may cause serious side effects, including:

- Dizziness and sleepiness
- Eyesight problems
- Weight gain and swelling of hands and feet. Weight gain may affect control of diabetes. Weight gain and swelling can be serious for people with heart problems.
- Unexplained muscle pain, soreness, or weakness along with a fever or tired feeling. If you have these symptoms, tell your doctor right away.
- Skin sores. In LYRICA studies, skin sores were seen in animals but not in humans. If you have diabetes, pay extra attention to your skin. Tell your doctor about any skin problems.

The most common side effects of LYRICA are:

- Dizziness
- Sleepiness
- Swelling of hands and feet
- Blurry vision
- Weight gain
- Trouble concentrating
- Dry mouth

You may have a higher chance of swelling or gaining weight if you are taking certain diabetes medicines with LYRICA. Medicines that already make you sleepy or dizzy may make you feel more sleepy or dizzy with LYRICA.

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Do:

- Take LYRICA exactly as your doctor tells you. Your doctor may tell you to take it 2 or 3 times a day.
- Take LYRICA with or without food.

Don't:

- Do not drive a car or use machines if you feel sleepy while taking LYRICA.
- Do not drink alcohol or use other medicines that make you sleepy while taking LYRICA.
- Do not change the dose or stop LYRICA suddenly. You may have headaches, nausea, diarrhea, or trouble sleeping if you stop taking LYRICA suddenly.
- Do not start any new medicines without first talking to your doctor.

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TANTALIZING TEA

Discover the wonderful world of premium teas—and the best way to brew and serve them

By Lisa Kingsley

New, hip tea shops reminiscent of coffeehouses are opening in cities throughout the country—for a total of more than 2,200 of these tea hangouts. In these establishments, you can sink into a comfortable armchair, relax and enjoy flavorful premium infusions. Or you can take your leaves to go.

But don't expect to find anything brewed from standard-issue tea bags at these newfangled salons. While all tea leaves come from the plant *Camellia sinensis*—a warm-climate evergreen—those that end up in bags simply marked "tea" are blends of many different types from around the world that have been mixed for consistency of taste, says David De Candia, tea buyer and master blender for the Coffee Bean & Tea Leaf, a California based company with more than 500 stores, including more than 250 overseas.

In contrast, says Joseph Simrany, president of the Tea Association of the U.S.A., premium products, whether loose or bagged, have specific origins (such as Darjeeling, from northern India) or a unique preparation (such as Earl Grey, in which the leaves have been flavored with bergamot oil, imbuing a citrus-like aroma).

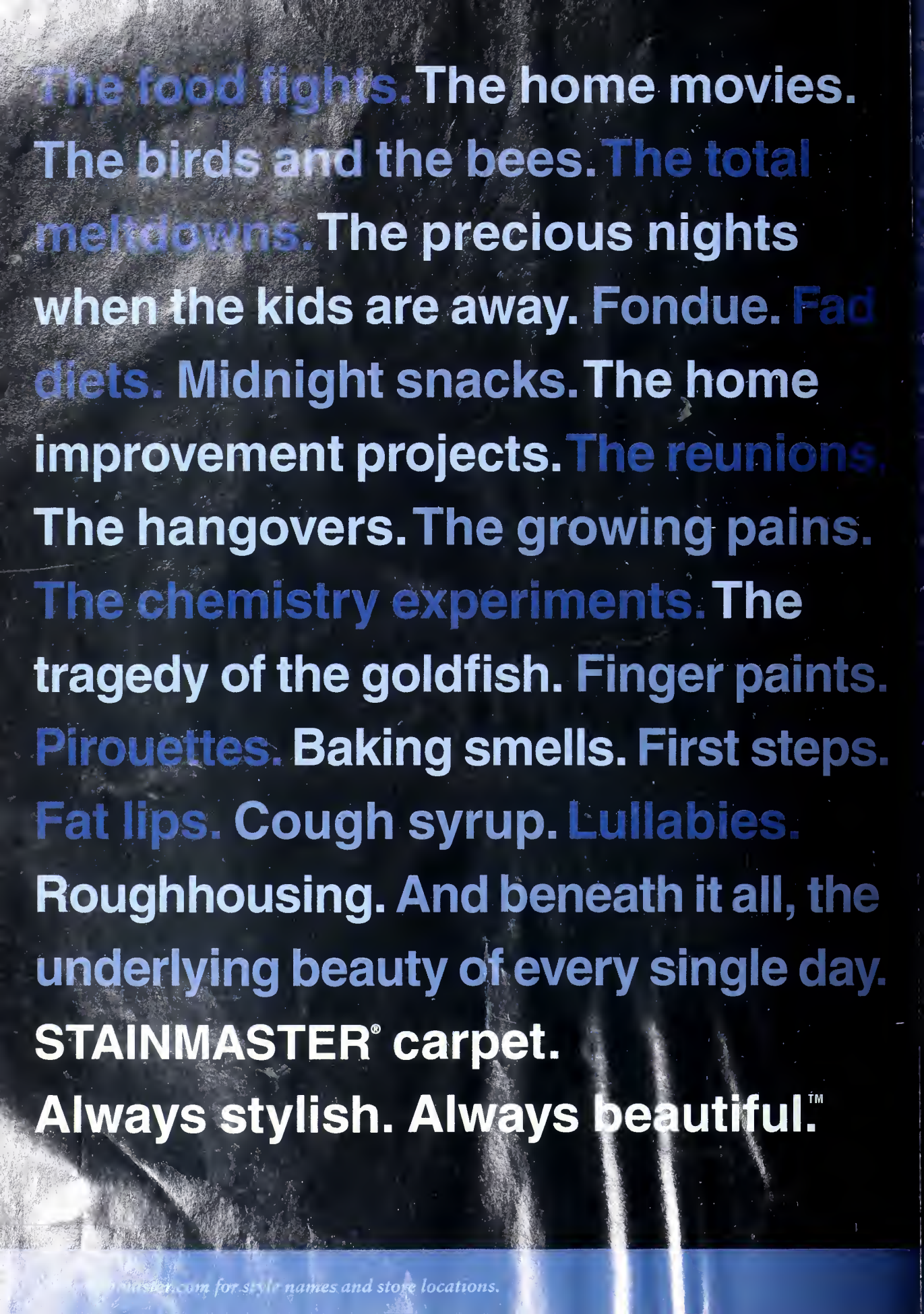
From season to season, says Simrany, these top-notch teas may vary slightly in flavor—something that connoisseurs look forward to.

TYPES OF TEA

There are four major categories of tea, each of which gets its distinctive characteristics from the way the leaves are processed. (Herbal tea does not usually include actual tea leaves, but rather is a mixture of herbs and other ingredients, such as dried citrus; it is not, strictly speaking, "tea".)

- Black tea is made from leaves that are harvested and then dried. Exposing them to air causes them to oxidize (this process is often referred to as "fermentation"). The resulting rich, full-bodied taste has made this the most popular tea in America: It accounts for up to 90 percent of total annual consumption. Assam, Darjeeling, Lapsang souchong and Keemun are examples.
- Green tea leaves are steamed to stop the oxidation process and then dried. This produces a fresh, grassy taste. Gunpowder, with leaves rolled into pellets. Genmaicha and gyokuro are in this category.
- Oolong leaves are allowed to oxidize partially before they're heated. This makes oolong as clear and fragrant as green tea but strong tasting like black tea. Names to look for include Wuyi, Ti Kuan Yin and simply oolong.

CONTINUED


The food fights. The home movies.
The birds and the bees. The total
meltdowns. The precious nights
when the kids are away. Fondue. Fad
diets. Midnight snacks. The home
improvement projects. The reunions.
The hangovers. The growing pains.
The chemistry experiments. The
tragedy of the goldfish. Finger paints.
Pirouettes. Baking smells. First steps.
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From left: Black, green, herbal, oolong and white tea leaves and corresponding brewed drinks

• White teas, including Silver Tip Pekoe and Silvery Oolong, are made from leaves and buds that have not yet fully opened. This type is processed like green tea, resulting in a light, sweet flavor.

BREWING THE PERFECT POT

You'll need a kettle, a teapot, a timer, an instant-read thermometer and, for loose-leaf tea, an infuser and a measuring spoon. Elaine Terman, proprietor of Elaine's Tea Shoppe in Sylvania, Ohio, offers a method for making a perfect infusion every time:

• Begin with fresh, cold water, preferably filtered to remove chemical tastes, such as chlorine. Bring the water to a boil in a teakettle. Pour some of the hot water into the teapot to warm it up (if you start with a cold pot, it will chill the water in which you steep the tea to a temperature that's below optimum). Swirl the hot water around, then discard it.

• Place the leaves or bags directly in the warmed pot or use the infuser. The general rule is about one teaspoon (or tea bag) for each cup of tea, plus one for the pot to ensure that the resulting brew is full flavored.

• Pour the hot water over the leaves or bags immediately if you're making black tea, or let the water cool slightly for other types. Oolongs should be steeped at 185°F to 200°F and green and white teas at 175°F to 180°F.

• Let the tea steep. Oolongs should generally sit for one to two minutes for optimal flavor, while green tea needs two to three minutes. Black teas typically require three to five minutes to be at their best and white teas five to seven minutes. The longer the steeping time, the more bitter the beverage will be. If you prefer a brew with some brawn, you should add more leaves, not more time.

• If you've made black tea, you might try adding milk or lemon and a sweetener such as honey or sugar. Avoid using cream, which is heavy and overpowering. Experts say that Asian-style brews, such as green or oolong, are best enjoyed plain.

BRINGING IT ALL BACK HOME

Now that you know how to brew tea properly, you can make yourself a pot, share this comforting drink with a friend or throw a party. Tea goes well with food ranging from light sandwiches, scones and sweets to something heartier, such as a buffet of casseroles, salads, bread and cheese, fruit pies and cake, says Elizabeth Knight, author of *Tea With Friends.*

"Everything except the tea can be made ahead of time, so you can be a guest at your own gathering," says Knight. Your only responsibility when your visitors arrive is to relax and enjoy the occasion.

—Additional writing and reporting by Kristen O'Gorman

For more information and tastings in your area, contact Info@teausa.org.

GOOD-FOR-YOU BREWS

Health benefits are as much a driver of Americans' new interest in tea as is taste. According to the experts, drinking tea regularly may lower the risk of cardiovascular disease, help prevent certain cancers boost the immune system and reduce stress levels. Antioxidants found in tea are even said to assist in reducing body fat. And the drink contains only about one-third of the caffeine of a comparable amount of brewed coffee.

"Today's consumers are looking for a healthy alternative to coffee, and tea is a great option," comments Kari Ginal, head of business development for Argo Tea, a four-year-old Chicago company with seven tea shops and an online store.



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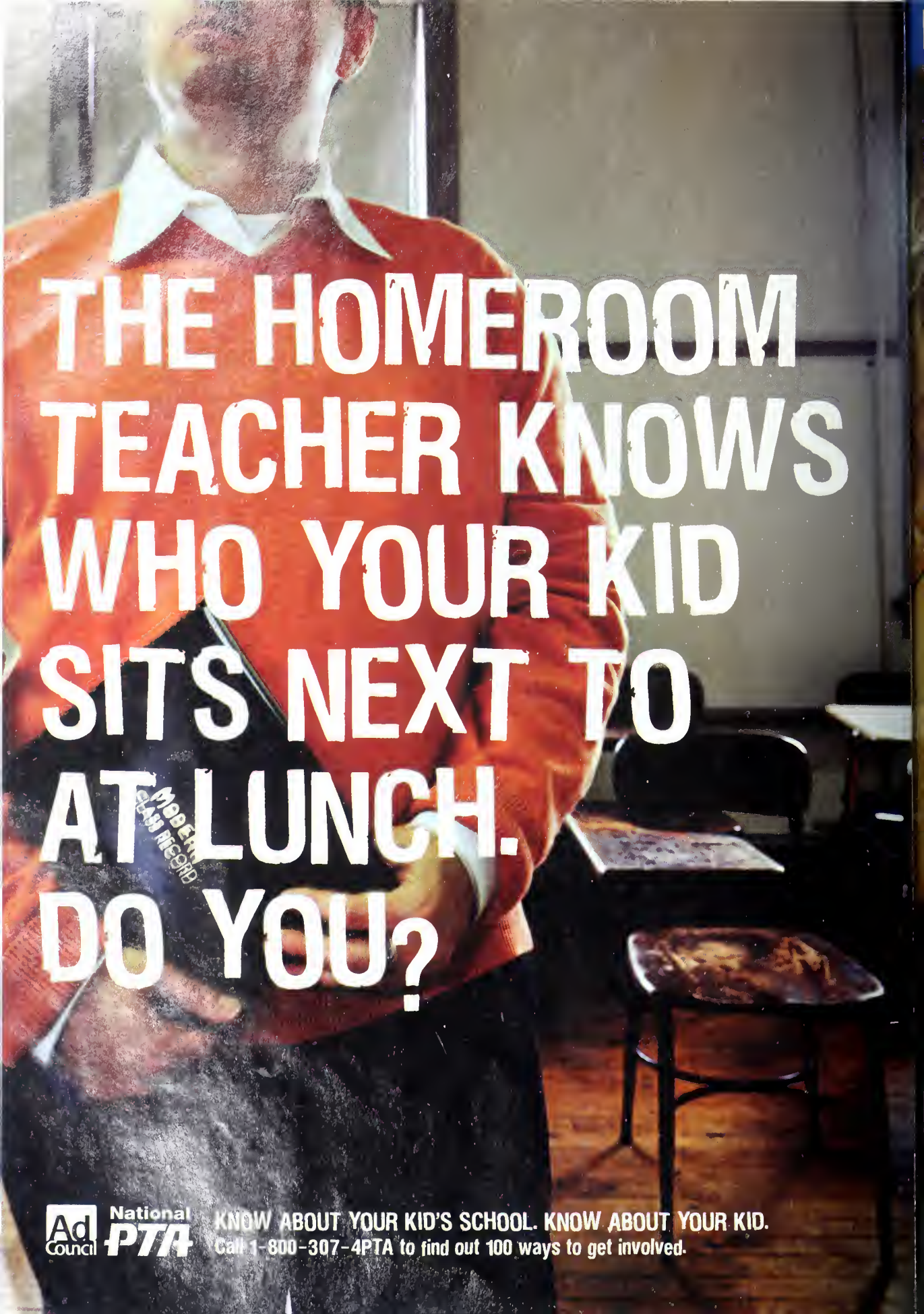
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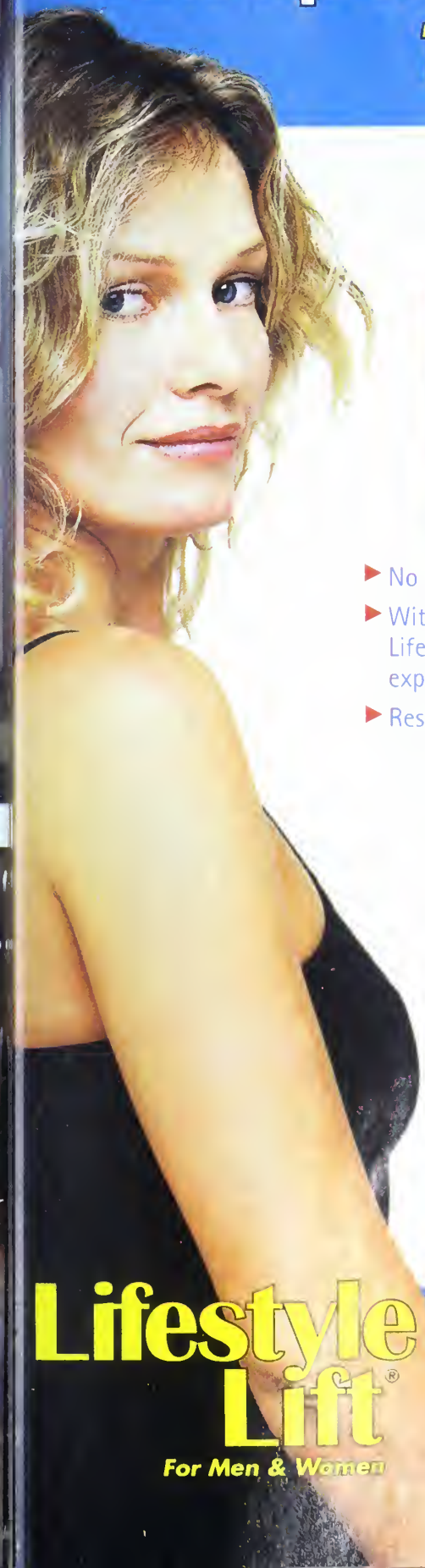
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new activities," says Justin elsen, school counselor at the Elementary School in umpton, Va.

t a schedule. Get your ild's sleep and meal sched- in sync with the school's veek before the first day of ss, suggests Elaine Rawlings, ıool counselor at Piedmont ementary School in Piedmont, da.

e mellow in the morning. Whatever tone you set in the orning dictates your child's tire day," says Rawlings. e advises creating a calm atmosphere before school, and making sure your child arrives for class on time.

Stay healthy. Sick days disrupt your schedule and your child's learning. Do what you can to keep your little one healthy with sufficient rest, healthful meals and frequent hand washing.

Get involved. "Don't wait until there is a problem to talk with your child's teacher," recommends Nielsen. Make contact with the teacher the first week of class, and stay connected throughout the year. ❖

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THE WOMEN WHO LOVED ELVIS

Very private confessions from women who were his lovers, dates, friends and costars on the touching and tragic truths about the King of Rock and Roll



Thirty years after his death, on August 16, 1977, Elvis Presley still holds sway—earning $42 million last year in marketing and product licensing, welcoming millions of visitors to Graceland, his Memphis home, and still popping up on the record charts now and then. But where the King of Rock and Roll proves most unforgettable is in the hearts of the women who loved and worked with him. Here, seven of them share their memories of the Elvis you never knew.

JUNE JUANICO, early girlfriend ▲

"IN MY HEART I ALWAYS THOUGHT WE WOULD BE TOGETHER AGAIN SOMEWHERE DOWN THE ROAD"

By ALANNA NASH

Elvis was the love of my life. I met him in the summer of '55, when he was just a regional star. I was 17 and he was 20. He had been in my hometown of Biloxi, Mississippi, several times before, and people said, "You need to see him," and I went on this one night. I thought he was the most gorgeous thing: big, dreamy eyes. Girls were screaming over him, and I'm just not that kind. I was passing by him, not even looking at him, and he reached through the crowd and grabbed my arm. He said, "Where are you going?"

What I remember most about that night was sitting in his car outside my house, just talking, while my mother kept an eye out to see what I was doing. The first thing I said was, "What is your real name?" I had never heard of a name like Elvis. And he said, "What do you mean my real name? My name is Elvis Aaron Presley." We sat there until the sun came up at 6 A.M. He was shocked because my parents were divorced. He thought marriage was a lifelong thing, and when he got married, it was going to be forever. And he told me all about his twin who was dead at birth. I'd never met anybody quite like him.

We got so wrapped up in kissing on our very first date—nothing too sloppy, it was just marvelous—a little pecking here and there, a nibble here and there, then a serious bite.

But I didn't hear from him for a while after that. It turned out he was calling and my older CONTINUED

brother wasn't bothering to tell me. Finally, he said, "Some guy with a hillbilly accent called."

For the one and a half years I dated him, our relationship remained chaste. He was just very tender and considerate. We spent so much time together, and we started talking about marriage. Mrs. Presley liked me. She saw me as domestic and wise for my young years. She was always telling me that Elvis needed someone to take care of him.

But Elvis was becoming more famous, and [manager] Colonel Tom Parker wanted him linked with actresses and Vegas showgirls. Of course, Elvis liked legs that went on for days, and he brought one of those showgirls home for Christmas in '56. That did it for me. I decided to marry someone else. And Elvis said the Colonel said we couldn't get married, that he wouldn't dare do that to the Colonel.

The next time I saw him was in a movie theater in Memphis in the early '60s. I went down the row behind him and tapped him on the back, and he turned around and our eyes just locked. He got up and put me in a death grip. One of his guys ran over because he thought someone was abusing Elvis. But Elvis was holding on to me. Priscilla was sitting next to him, and she was very gracious. She kept her eyes glued to the screen.

In August 1977, my mother was at my house. I had laid down for a nap, and when I came out of my bedroom my mother was looking at me really strange. Finally, she said, "June!" She had tears in her eyes. She said, "I just heard on the television that Elvis Presley has died." I looked at her and said, "That can't be! That can't be!" I went over to the television and fell to my knees in front of it. I couldn't breathe. I honestly think if my mother had not been with me, I might have died. In my heart, I always thought Elvis and I would be together somewhere down the road. I was married for 36 years, and I've got two beautiful children and beautiful grandchildren. I've been blessed in many ways. But I have just never been able to stop loving Elvis.

WANDA JACKSON, rockabilly performer ▼

"I HAD A CRUSH ON HIM. HE ASKED ME TO BE HIS GIRL, HE GAVE ME HIS RING, AND I WORE IT FOR A YEAR"



In July '55, I'd just graduated from high school. I already had a couple of hit songs in the country music field, and Bob Neal, the talent agent who also managed Elvis before Colonel Parker, said, "I'm booking a young man named Elvis Presley who is getting popular real fast, and we could use a girl on the show." I had no idea who he was. I met him at the radio station in Cape Girardeau, Missouri, that afternoon, and I was quite impressed—a real handsome guy. He was dressed a little flashier than the guys dressed back home in Oklahoma City—yellow coat, for example—and when he left the station I saw him get into a pink Cadillac. That was before the days of Mary Kay, and I had never seen a pink car before. We worked together that night. I was in my dressing room, and Elvis was going on, and all of a sudden my dad and I started hearing this screaming. My daddy said, "I wonder if there's a fire or something. Let me go look." I started getting my things, and he came back and said, "No, relax. But you've got to see this for yourself." He took me to the wings, and there was Elvis singing and moving and gyrating, and all these girls standing at the foot of the stage, screaming and reaching for him. It was quite an unusual sight for those days. And when the rest of the nation started giving him havoc, it really upset him. Mostly if they said anything too bad, he got mad, because in his mind he was having fun. I don't think he was trying to be vulgar. He was just being flirty with the girls.

We dated off and on for a little over a year on the tours. If we could get in a town early, and it was large enough to have a movie theater, we'd go to a matinee, and then after a show we'd go out to eat, usually with the other musicians and my daddy. Then sometimes we'd get a hamburger and just drive around the town and talk. We had a lot in common. He was a little older, and his career was beginning to blossom, and mine was, too. He was just a fine person. He loved to have fun and he laughed all the time. He didn't take himself seriously.

What was really sweet was the fact that he wanted to see me do good in my career. And he was just really CONTINUED ON PAGE 102



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eager that I try this kind of music like he was doing [rockabilly]. I'd say, "But Elvis, I'm just a country singer. I can't sing songs like that." He said, "You can, too. You've just gotta try."

In the early part of '56, he gave me one of his rings, a man's ring. It had little chipped diamonds. He wasn't very rich at that point. We were in Shreveport, Louisiana, and we'd done a matinee show, and he asked me if I'd step outside. We stood by his car, and he asked me if I'd be his girl. He'd just turned 21, and I was still 18. I had a crush on him, and being able to know him and know his heart made me admire him a lot. So I said I'd be his girl, and he gave me his ring. I wore it for about a year. Of course, this was before he met Priscilla. The last tour I worked with him was in January of '57, and after that he went to Hollywood to start his movie career. I think his head was just in a spin.

RAQUEL WELCH, actress ▼

"ELVIS RELATED MORE TO MEN THAN WOMEN. HE DIDN'T KNOW HOW TO HAVE A REAL RELATIONSHIP"



Roustabout in 1964 was my very first film in Hollywood. I was a bit player in the opening moments. Like many adolescents of the '50s, I had been completely gaga over Elvis. I saw him live in San Diego in one of his early shows. It was my first rock 'n' roll music concert ever. That was the first time that I ever conjured up what a sexy guy could be.

But when I saw him on the set of *Roustabout*, I was a little bit taken aback because something had changed about him. It seemed like he was more packaged. His clothes were not the same, his hair was obviously dyed now, and it was all sprayed into place. It was a little shocking to me because it was a whitewashed, cleaned-up Elvis. They took all the sex out of him!

He had these buddies, this group of guys that hung out with him, and you had to go through them to get to him. There was no such thing as walking up to Elvis on a set. At one point, one of his guys came over and said, "Elvis is having a little party at the house, and if you'd like to come up . . . " And I thought, *What?* I wasn't sure if the invitation was from Elvis or from them, using Elvis. I had had a very strict upbringing, and I didn't like the setup, so I didn't go. I had a feeling that Elvis related so much more to men than women. I think he certainly liked women, but I just don't think he knew how to have a real relationship with one. He was a guy's guy.

Years later, about 1972, I had a contract to perform at the Las Vegas Hilton, and lo and behold, Elvis came in right after me. At his show he was dressed all in white, with bell-bottoms with a little gold slit on the side, and a lot of jewelry and brocade coming down on his jacket and a high-neck collar. He looked almost like Liberace. I went to his dressing room, and he was very sweet, very nice, and he showed me all his jewelry. But he didn't seem to be really happy in his eyes.

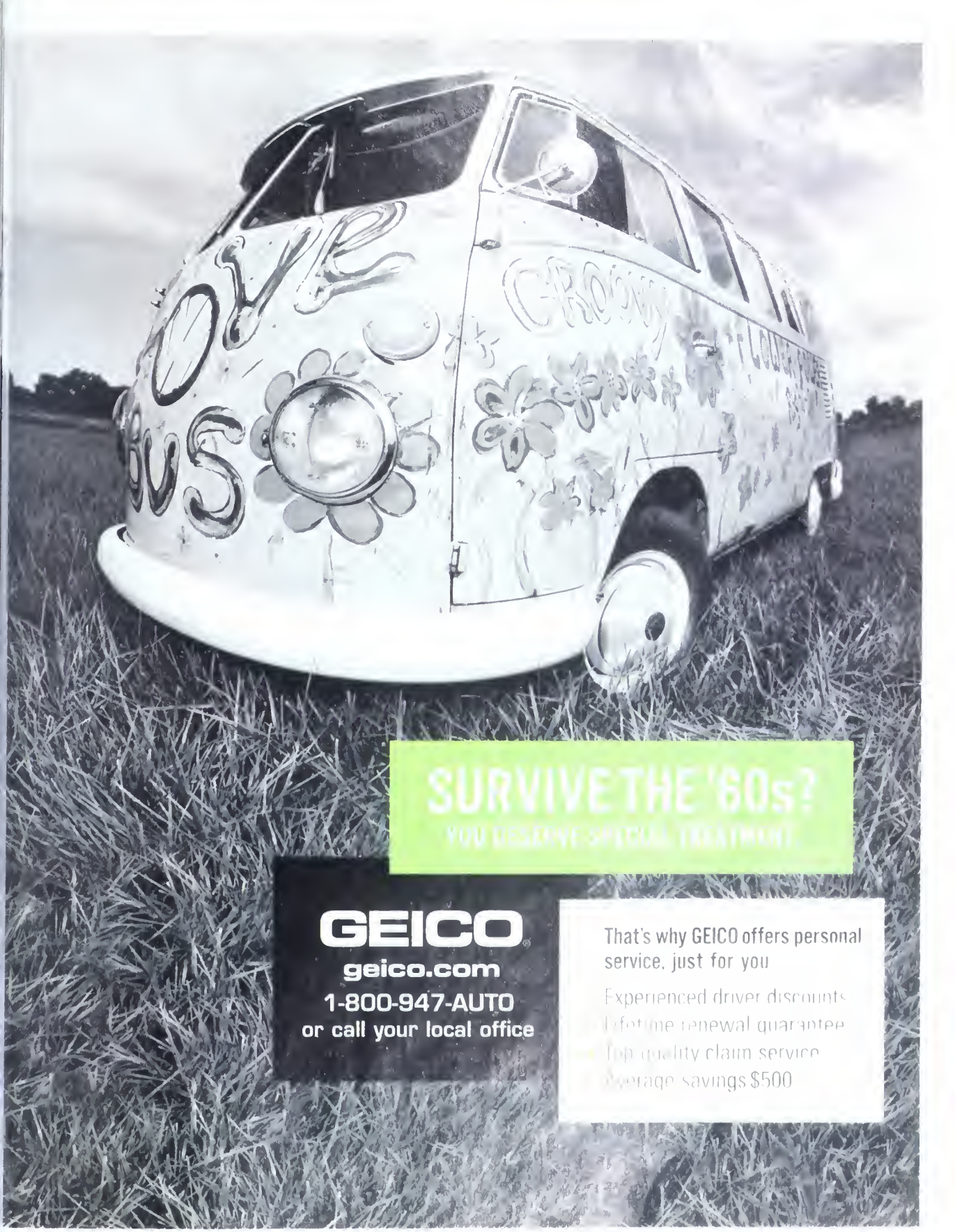
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Elvis made his film debut in 1956's *Love Me Tender* and went on to star in more than 30 movies. In memory of the 30th anniversary of his passing, MGM Home Entertainment is releasing *MGM Movie Legends Collection: Elvis Presley*, a set of four memorable films featuring Elvis. Fifty readers will win this DVD collection. For details, see below.

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MARY ANN MOBLEY, actress and Miss America 1959 ▼

"ELVIS THOUGHT I UNDERSTOOD HIM. HE DIDN'T HAVE TO PUT ON AIRS WITH ME. I WASN'T AFTER ANYTHING"



Elvis and I felt a common bond, coming from Mississippi. He thought I understood him. He didn't have to put on airs with me, and I wasn't after anything. This is an odd thing to say about Elvis Presley, but it was like I was working with my brother. We never dated. We were just two people from the same state. The first day I came on the set of *Girl Happy*, in 1964, Elvis stood up and said, "Where is Mary Ann's chair?" All of a sudden a chair appeared with my name on it. That was the beginning of our friendship. I was 25 and he was 29. He and I would talk, and he asked me did I ever wonder about things that happened in my life. I said all the time. And he said, "Well, I do, too, especially about why I lived and my twin, Jessie Garon, didn't."

I think he put women in two categories. You were either one of the girls, or you were a lady. Once Priscilla had Lisa Marie in 1968, she became a Madonna figure for him. And I think that may be one reason why they split up. In Mississippi he was taught to be kind and take care of ladies, and then he had the other constantly thrown at him.

He used to say to me, "Mary Ann, one day I'm going to have a party I can invite you to." I took that as a compliment. And I never will forget, once one of the boys said "damn" in front of me, and Elvis said, "You never cuss in front of a lady."

Elvis would joke about the movies. When we were making *Harum Scarum*, he said, "This isn't going to change history, is it?" The sad thing is that Elvis was a better actor than the movies allowed him to be. He could have been great. I was told that much earlier, when Elvis was dating Natalie Wood, the director Elia Kazan offered him the lead opposite Natalie in *Splendor in the Grass*. And Colonel Tom refused.

Elvis invited my husband, Gary Collins, and me to come to Las Vegas for one of his openings in the '70s, and we went backstage. He was into the metaphysical, willing objects to move, that sort of thing. I was worried about it, but I thought, *If that works for him.* He was reading books, looking for answers.

People can say what they want about him shooting up TV sets, but I think he was depressed. And he was hooked on prescription drugs. It went on too long before anybody really knew he had a problem. He loved Southern food like I do. And he'd have to lose weight to get ready for the movies, and I think every doctor wanted to be Elvis's doctor, so no one said no to him about prescriptions. If one doctor said no, he'd find another one.

I wish that my husband and I had made more of an effort to seek him out as time went on. I think had there been someone to help him, he wouldn't have given up. I think he just got tired, and whatever kept him going before finally shut off. The medication that he was giving himself kicked in, and maybe he was tired of monitoring it, and just said, "Let whatever's going to happen happen."



JO SMITH, married to Elvis's cousin Billy Smith ▼

"WE HAD TO CATER TO HIM, AND TAKE CARE OF HIM LIKE HE WAS A CHILD"

Sometimes Elvis was like the devil to me, because I knew the power he had over everybody who worked for him, including my husband. Billy was his first cousin, but he was more like his brother. Elvis couldn't live CONTINUED

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without Billy. Part of it was the connection to Elvis's mother, Gladys, I guess, because Billy was close to her. When he took him on trips, it was like he was taking him from me. When our first child was born, Elvis wouldn't let Billy come home. And I didn't understand that. When my second son was born, Elvis let Billy stay back for two days. Then I didn't see him again for three months.

This is a situation that all the wives of the guys who worked for Elvis went through. We threw rocks at the tour bus and wished them all dead. Elvis used to comment on how close Billy and I were. I think he wanted a similar lifestyle. But he wanted the closeness to be just on the wife's part. He never grew up. He didn't pay a lot of attention to Lisa. He didn't like to be bothered with children because he was too much of a child himself. And when she came to visit, somebody else watched her. He was protective, and he loved Lisa, but he had big things to do.

He loved you to talk babytalk to him, and we had to take care of him and cater to him like a small child. I did things I never thought I'd do—he liked to be put to bed and be told good night, the whole send-off. If you'd get up to leave the room, he'd say, "Where are you going? Come back here." He wanted you to stay until he fell asleep. Linda [Thompson] watched over him like a baby. She lotioned him and bathed him and gave him medicine.

I don't know how she did it. He was so strong in so many ways, and if you were with him, you felt safe. But in other ways, he was like a little kid. He was such a contradiction. He was very deep into his religion, from the way he was brought up. But as selfless as he was in religion, he always had to be number one in everything else. One time, everybody wanted to go bowling. So Elvis rented Bowlhaven Lanes, right down the street from Graceland. I don't guess he'd ever been bowling. Billy had been on a team, and several of the other guys had gone bowling in California, so they were pretty good. And Elvis wasn't good at all. He guttered, and he tried to throw the ball too hard. So that's the last time we ever went bowling. If he couldn't be the best at whatever we did, we didn't do it anymore.

out all right." So I raised him and he turned out to be as gentle as a kitten. He was our sweetheart. But he had a congenital kidney ailment. I don't know what made him so lethargic he didn't feel like eating mean, but he had a wonderful disposition.

About three o'clock one morning, Get-Low was acting really strange, so we had a doctor come over. He said, "I don't think the dog will make it through the night." So Elvis leased a Learjet and flew Get-Low, my girlfriend and me, and the doctor up to Boston to a special clinic for kidney dialysis. We left him up there for about three months. But he didn't live long after that. He was only about a year old. We were on tour when he died, and we were coming home on his plane when they told us. Elvis just cried.

I was with him for four and a half years, from 1972 to 1976. He surrounded himself with people whom CONTINUED ON PAGE 110

LINDA THOMPSON, girlfriend ▼

"ELVIS NEEDED MORE LOVE AND CARE THAN ANYBODY ELSE. WE HAD A FULL, RICH RELATIONSHIP"

Elvis was a very tender soul. He had such a good heart. We literally bought out a pet shop one night. Elvis paid for about 20 dogs, just gave them out to his friends. And we kept this chow, little Get-Low. He was a beautiful dog, but Elvis was going to get rid of him because we read an article that said chows turn on their masters 80 percent of the time. Elvis said, "I don't want to have to be worried about leaving this dog with you, or come home and find you have to have plastic surgery." But I said, "Oh, give the little fella a chance. He may turn



LHJ.com For a slide show of Elvis's career and memories from ex-wife Priscilla Presley and costar Barbara Eden, go to www.lhj.com/elvis

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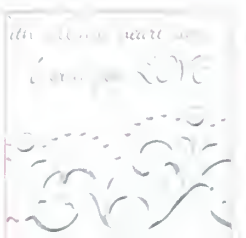
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he loved and trusted, because he was so secluded from the world, and so sheltered. But a lot of people got very greedy. I think that's one reason Elvis felt lonely at times, he realized that even if they cared about him, they still lost sight of him as a human being. He would get depressed because he felt people didn't love him for being the simple person he was. They forgot about him as just a regular person with feelings like all of us.

I think it's a terrible thing for people to say they couldn't imagine Elvis growing old. Everybody has that right, even if they're a sex symbol. He wanted to live to be an old man. He wanted to see Lisa have children, and he wanted to see his grandchildren. He had no idea he would die so young.

One morning at about 7 we were lying in bed, and I felt something wasn't right. His breathing was strange. I shook him, and I said, "Honey, are you okay?" And he said, "I can't get my breath!" He had pneumonia. I called for the nurse, and she brought some oxygen over, and we had to rush him to the hospital. I stayed with him for two and a half weeks. Whenever he went to the hospital, I went to the hospital. So it was "we" went to the hospital.

Elvis needed more love and care than anybody I've ever met. Probably more than anybody in this world ever has. Because he was who he was, and what he was, and yet he had come from obscurity, from Tupelo, Mississippi, and poor parents. And he did enjoy having a mother image around him. But I think it's wonderful if you can be all things to each other. And me and I were. He called me "Mommy." And he was like my father at times. And we were like brother and sister at times, and we were like lovers at times. It was a full, rich relationship. For a long time, we didn't need anybody else, really. I truly, truly loved him, and I wouldn't have cared if he were John Doe. I loved him as a human soul. He was really a wonderful person. We often thought it would be fun to just go away and live in a little shack on a farm and just forget fame and fortune and all the craziness that goes with it.

KATHY WESTMORELAND,
Elvis's high harmony singer and friend ▼

"ELVIS SAID, 'PEOPLE AREN'T GOING TO REMEMBER ME. I'VE NEVER DONE ANYTHING LASTING'"



Everybody blames the Colonel for working Elvis too hard. But the Colonel got mixed signals from Elvis on how much to tour, because Elvis would say, "I'm tired, I want to take some time off." And then at the same time he would say, "I'm home for two weeks and I'm bored. I have nothing to do." So the Colonel would go ahead and book shows, and then Elvis would end up tired. But then he'd say, "People have waited 20 years to see me, so I can't disappoint them." Or, "I have 300 people working for me. Their families depend on me working."

My last in-depth conversation with Elvis was just a few weeks before he died. I remember he said, "Kathy, what's it all about?" And I said, "I think that is for you to find out for yourself." He laughed and said, "That's the same answer I would have given you." And then he said, "People aren't going to remember me. I've never done anything lasting. I've never done a classic film. What can I do?" I said, "You've already done it. Just rest." He started talking about writing a book called *Through My Eyes*, and he talked about maybe producing.

At one of his last concerts, in Rapid City, South Dakota, there was a blue suit hanging on the wall that he was going to have to wear, and he was afraid he would look big in it. He said, "I'm going to look fat in that little suit, but I'll look good in my coffin." I didn't say anything because I knew that it was inevitable and could happen at any moment.

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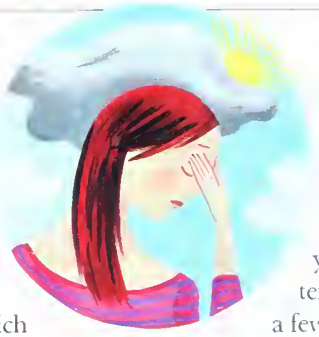


Is Stress Making You Sick?

Fitness Over 40

Take the Bite Out of Bugs

Why You're Not Depressed



"I'M SO DEPRESSED" might be the most overused phrase in our language. Even doctors may be too quick to make the diagnosis. Up to 25 percent of people currently defined as depressed may not be suffering from mental illness at all but are merely reacting normally to a stressful event, according to a recent study. It turns out that the American Psychiatric Association issued criteria that doctors use to diagnose clinical depression that don't factor in *why* patients might be experiencing feelings of sadness. "The circumstances under which symptoms occur need to be taken into account during diagnosis," says Michael B. First, M.D., a psychiatrist at Columbia University.

If you experience a devastating event, how do you tell if you're clinically depressed or just appropriately sad? "Ask yourself if the pain you're feeling is in proportion to the severity of what happened. If you had a terrible argument with a friend and you're not on speaking terms, feeling sadness for a few weeks is normal. But if you can't get out of bed each day or focus at work, and you feel that way for many weeks or months, that reaction is out of kilter," says Dr. First. If you've experienced either short-lived, intense sadness or you have been blue for longer than two months, seek help from a mental health professional. And if you're not certain how you're feeling, don't wait. See a doctor. *—Holly St. Lifer*

THE RIGHT FIX FOR BUG BITES



Don't spend the summer swatting and scratching. We asked experts Robert Sheeler, M.D., of the Mayo Clinic, and David Golden, M.D., of Johns Hopkins University, how to thwart the season's most common pests—and soothe their bites if you don't succeed. Start by washing the bite with soap and water to help prevent infection.

INSECT	TREATMENT	PREVENTION
[illegible]	Don't scratch! This will make the itch worse and can cause the bite to swell or get infected. After washing, apply calamine lotion to the affected area or use a cotton ball to apply rubbing alcohol or witch hazel to the bite (both relieve itching by cooling the skin). A cold compress works, too.	Repellents that contain deet are the most effective but should not be used on babies under 2 months of age, and formulas with more than 30 percent deet should not be used on children of any age.
Bee, Wasp, Hornet or Yellow Jacket	Putting ice on the sting for five to 10 minutes at a time will decrease swelling, and topical benzocaine can alleviate pain. If you have tightness in your throat or hives, go to the emergency room immediately.	Avoid wearing heavy perfume so that bees and their cousins don't mistake you for a flower. Bright clothing may also attract them.
[illegible]	Apply ice to reduce inflammation. If increased redness or swelling occurs within 24 hours or if you feel symptoms of overall sickness, see your doctor.	Take extra caution near woodpiles, garages and other dark places spiders tend to dwell. Shake out shoes before putting them on.
Tick	Check for bites after being outdoors. If the tick is still attached, use sterile tweezers to pull it out. A bull's-eye rash at the bite site may be a sign of Lyme disease. If you suspect you've been bitten by a deer tick (these may carry Lyme), call your doctor.	Deet repels ticks. When walking through wooded or grassy areas, tuck pant legs into your socks, wear long sleeves and check yourself every 12 hours for ticks.
[illegible]	Ice the affected area for 10 minutes at a time to help reduce swelling. Topical benzocaine or cortisone may help alleviate pain. If the irritation worsens within 24 hours, you develop hives or dizziness, or your throat or chest feels tight, seek medical attention.	This variety of ant is found mostly in the Southeast and Gulf Coast, so avoid walking barefoot when outdoors in these regions and keep an eye out for ant mounds.

—K. Emily Bond

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What's Your Stress Weak Spot?

Some people get headaches, others stomach pain, still others skin breakouts. Learn how to spot your pattern—and use a stress cure tailored just for you

By Susan Seliger

Unless, perhaps, you make your permanent home on a beach in Tahiti, stress will affect your body sooner or later. But it may not affect your body the same way it does someone else's. Each of us has a characteristic way of reacting to stress—our very own stress weak spot or pattern in the body where signs of stress first pop up.

One person may get indigestion under stress, another may have bad pain. Some people react by getting a pounding headache or acne. Your particular stress weak spot has a number of possible sources. Genetics is one predisposing factor, says Kenneth R. Pelletier, Ph.D., a clinical professor of medicine at the University of Arizona School of Medicine. For example, you may have a family history of gastrointestinal disease, heart disease or migraine. Or you might have habits that predispose you to experiencing stress in a particular spot, such as tensing your neck in a rigid position (which can cause tension headaches). Being out of shape might predispose you to feeling stress in the form of a backache.

These different health effects all stem from the flood of hormones, including adrenaline and cortisol, that your brain tells the body to release when you feel threatened. These speed up heart rate and breathing, constrict peripheral blood flow (in your hands and feet) and slow down digestion and immune functions so the body can fully devote itself to action, says Beverly Thorn, Ph.D., a professor of psychology at the University of Alabama. "Stress challenges all of our organ systems and eats away at our immune system."

A short-term stress response is healthy, unless you trigger it so often that your body has little chance to recover. Chronic stress results in the body breaking at its weakest spot first—like a chain giving way at its weakest link.

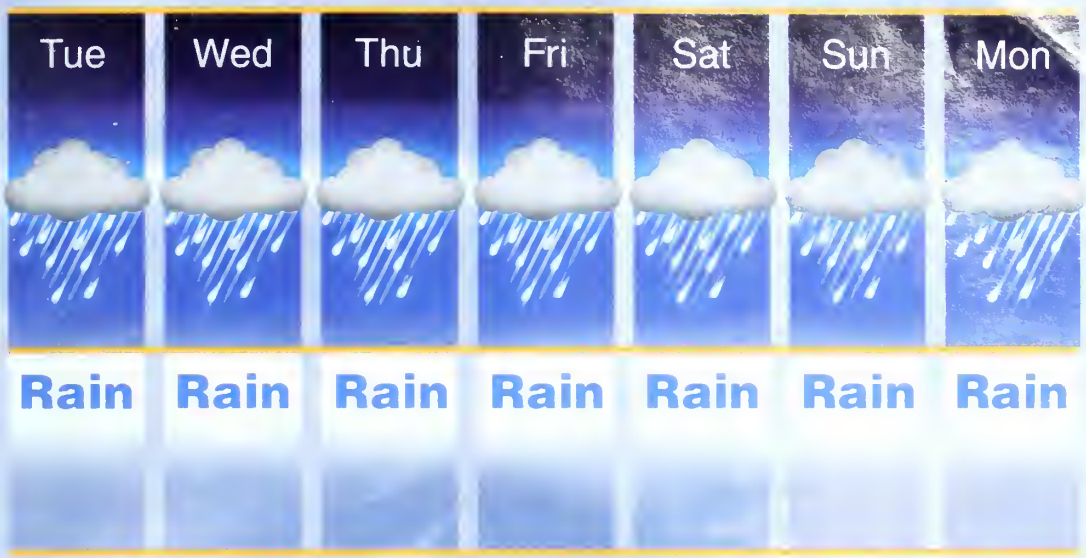
But people don't always make the connection between the pain they're feeling and the stress that caused it. When recurring headaches or backaches drive them to seek medical care and the physician can't find a physical cause, patients sometimes wind up being told, "It's all in your head," without being offered solutions to handle the stress triggers of the genuine pain they're in.

In fact, self-care solutions exist, though many are known chiefly to stress experts. The latest research shows that all of us can learn techniques that significantly reduce the physical and mental impact of stress as well as the release of stress hormones. What's more, these can be targeted to your individual stress weak point.

We asked stress experts to recommend doable remedies for the most common stress weak spots. Most of these techniques are twofers: They are effective not only in treating their primary target but also in easing stress CONTINUED

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throughout the [illegible]. None of them preclude resorting to physical remedies as well, such as taking aspirin for a headache. The more skillful you become with these stress-fighting techniques, the closer you will get to a healthier, more pleasurable, stressless life.

1 STOMACH

Stress Symptoms

- Queasiness
- Heartburn
- Abdominal pain
- Diarrhea

When people see a doctor for GI (gastrointestinal) distress, chronic stress is frequently the underlying cause, says Wendy Warner, M.D., an ob-gyn in Langhorne, Pennsylvania, and president of the American Board of Holistic Medicine. Treating the pain won't solve the problem more than temporarily.

YOUR STRESS RESPONSE

Stress hormones temporarily slow down digestion of food in the stomach, then increase the secretion of stomach acids. They also increase the speed at which food moves through the intestines. The result can be various upper-GI complaints, increased inflammation of the stomach lining, diarrhea, or intestinal spasms that worsen irritable bowel syndrome (IBS) or ulcerative colitis in those who have it. Stress hormones also make the body release glucose, which can raise blood sugar, especially if you already have increased insulin resistance. If this occurs repeatedly, it can bring on or aggravate diabetes.

HEALTH CHECK

If you experience acute or chronic stomach distress, see a doctor to rule out a serious condition such as ulcers or heart disease.

STRESS RELIEVERS

- **Yoga for IBS** Yoga has been shown to be effective in helping treat distress from IBS that can come about with chronic stress. In one study from the department of physiology of the All India Institute of Medical Sciences, in New Delhi, doing yoga poses plus right-nostril breathing twice a day was even more effective than conventional drug treatment for people with diarrhea resulting from IBS. One of the poses used in the study is *shashankasana* (sometimes called the hare or moon pose). To do this you can sit on the floor or bed, knees bent with your feet tucked under your buttocks, so you are sitting on the soles of your feet. Hold on to your ankles and bend forward while exhaling and let your forehead touch the ground in front of you (while keeping your buttocks on your heels). Hold this position for as long as you feel comfortable, then slowly and gently come upright. Repeat 10 to 15 times.
- **Focused Meditation** Meditation can help reduce the symptoms of abdominal pain (bloating, gas and diarrhea) that can result from stomach distress, according to two studies at the Center for Stress and Anxiety Disorders at the University of Albany, State University of New York. It can also potentially ease the discomfort of excess acid, says Dr. Thorn. Sit in a quiet place, breathe deeply and regularly, and repeat a simple calming phrase, over and over: *My stomach feels warm and calm.*

2 HEAD

Stress Symptoms

- Tension headaches
- Migraine headaches

Stress is one of the commonest triggers for both types of headaches. "I have migraines myself," says Dr. Thorn. "I was born with the predisposition for the blood vessels to squeeze shut and then dilate, which causes the headache pain. But stress is absolutely what starts the process." But you—not your genetic endowment—can have the final word. "Too often, people ignore the warning signals," insists Dr. Thorn. "They don't respond to the cues before they get out of control, such as by taking a break or relaxing."

The same holds true for people who get tension headaches, Dr. Thorn says. They do nothing to counter the eyestrain, clenched jaw, teeth grinding at night or tightness in the head and neck that often precedes a painful tension headache.

YOUR STRESS RESPONSE

If you get tension headaches, you probably tend to clench the teeth or tighten the muscles of the brow, jaw or eyes. For migraine sufferers, the blood vessel expansion that's part of the stress response causes the arteries in the head to spasm, resulting in severe pain, usually on one side of the head, negative response to light and/or noise and often nausea or vomiting.

HEALTH CHECK

In rare cases when a headache comes on suddenly and is very severe—or doesn't go away—it could signal a stroke or brain tumor. Consult a doctor pronto. It's also the best way to get access to powerful medications to ease the pain.

CONTINUED



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STRESS RELIEVERS

For Tension Headaches

- **Temple and Scalp Massage** At the first signs, breathe slowly and deeply, then place your thumbs on your cheekbones close to your ears and use your fingertips to gently apply pressure and rub the temples, advises Dale Grust, a licensed massage therapist in New Paltz, New York. Next, using firm pressure and a tiny circular motion, inch your fingertips along the base of your skull.

For Migraines

- **Cool Head, Warm Hands** Dr. Pelletier recommends this autogenous technique: "Think of your limbs as heavy and warm and your forehead as cool." After training with a therapist and using biofeedback equipment, many patients learn to relieve pain by redirecting blood flow from the brain and head to the arms and legs.

3 NECK, SHOULDERS & BACK

Stress Symptoms

- Neck and shoulder tightness and pain
- Lower back pain

Not all back pain is caused by stress. But stress makes nearly all back pain worse, Dr. Thorn says.

YOUR STRESS RESPONSE

If you routinely tense the muscles surrounding your neck, shoulders and back when you're stressed out, you're a candidate for stress-induced back pain. "When sitting, many people under stress tend to slump from the waist and hunch their shoulders," says Dr. Warner. "They walk and drive that way, too, and then they wonder why they get neck and shoulder tension and backaches." Try the following measures to counter the tendencies:

STRESS RELIEVERS

- **Posture Adjustments**
  Correct your posture many times throughout the day.
  Gently stretch—shaking your head (yes and no) and rolling your shoulders forward and back.
  Cross and uncross your legs.
  Don't always sling your purse over the same shoulder.
  Shift your weight often when standing.
  Get up every 30 minutes to stretch or take a walk.
- **Chest-Muscle Strengthening** Weak chest muscles make your back muscles tighten to compensate, says Dr. Warner. Do this exercise for your pecs several times a week: Lie down. Hold a one- to two-pound dumbbell in each hand with arms straight up in the air, palms forward, toward each other. Slowly lower your arms to chest level, then slowly raise them straight into the air again. Repeat 10 times.
- **Progressive Relaxation** Hunch your shoulders to tighten shoulder and neck muscles, hold for three seconds and release. Repeat five times. This works on the physiological fact that a muscle has to be tensed before it can be relaxed, says Dr. Pelletier.

4 SKIN & HAIR

Stress Symptoms

- Eczema
- Acne
- Hives
- Hair loss
- Dandruff or an itchy scalp

Although it is a link doctors often fail to make, stress is actually a major trigger of skin and hair problems.

YOUR STRESS RESPONSE

When your brain registers a stress alarm, one effect is heightened sensitivity in every organ, including the skin. Unfortunately, if stress becomes chronic, it can spark a host of responses in susceptible individuals, including inflammation, allergies and imbalances that lead to acne, rashes, hives and eczema. Inflammation affecting the scalp can produce dandruff and itchiness. And stress-induced hormone changes can cause hair loss.

STRESS RELIEVERS

- **Visualization** Deep breathing while visualizing something cool can reduce blood flow and inflammation in that area, Dr. Pelletier advises. "Try imagining an ice-pack or a cool breeze or cool water flowing over the irritated skin," he says.
- **Skin-Soothing Exercises** Vigorous exercise encourages sweating, which can help clean out pores and stimulate blood circulation, another way to promote skin healing. It also stimulates the release of endorphins, which elevate mood and enable your entire body, including an overactive immune system, to calm down. "Exercise cures a lot of stress-related ills because it makes you feel good," says Joan Borysenko, Ph.D., founder of Mind Body Health Sciences and cofounder of the Claritas Institute for Interspiritual Inquiry.



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The cookie that thinks it's a fruit.





HAVE FUN GETTING FIT

After a certain age, if you're picking up a new sport—or falling in love again with an old one—remember that while the spirit may be willing, the bones and tendons may not be. Here, how to reap the benefits of being active without getting injured

Jean Larose was 47 years old and ready to have some fun. She had spent the previous five years caring for her sick mother, raising two teenage daughters and working stressful 12-hour shifts as an intensive care unit coordinator in a Springfield, Massachusetts, hospital. Four months after her mother died and her daughters were off on their own, Larose and her husband, David, moved to Summerville, on the South Carolina coast. She found a full-time job as a secretary for a hospital maternity ward, "a much happier environment," she says.

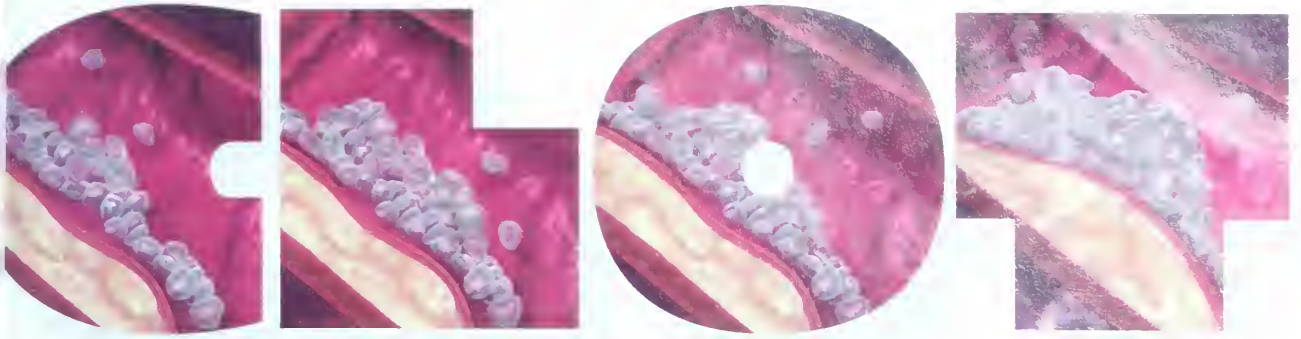
One day she saw an ad in her local paper for a kayaking club. Remembering the peace she'd felt as a child canoeing on her uncle's lake in Massachusetts, she went to a meeting. "I went out the first day with another club member, borrowing her extra kayak," she recalls. "From that day on I was hooked."

In a few weeks Larose bought her own kayak and now, four years later, she kayaks at least five hours per week, alone or with friends or her dog, around the islands where she lives. "I love being among the seabirds, even the gators," says Larose, now 51. "Kayaking has helped me build upper-body strength and increase my overall energy, but most of all it has helped me mentally. I feel a sense of calm when I'm on the water; it puts everything in perspective." CONTINUED ON PAGE 126

By Laura Flynn McCarthy



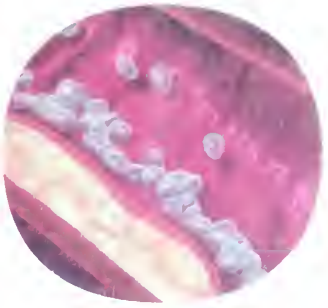
TENNIS STAR: Freelance writer Laurie Drake, 53, of Santa Monica, California; married
Her sport: Tennis
Biggest challenge: Knee problems. She wears knee support while playing and does knee-strengthening exercises prescribed by her doctor.
Proudest sports moment: Winning her division's first-place trophy in the Los Angeles Westside Tennis League invitational tournament last year.
Why she loves it: The health benefits (she lost 15 pounds and dropped her cholesterol 30 mg/dL without dieting) and the fun. "I was a feisty little kid on the school playground and I've rediscovered that competitive spirit on the tennis court."



You can help protect against the formation of clots and reduce your risk of a future heart attack or stroke.

his is important information if you've been hospitalized ith heart-related chest pain or a certain type of heart tack. That's because these conditions, known as Acute Coronary ndrome—or ACS—are usually caused when blood platelets stick together d form clots that block blood flow to your heart. And if you've already d a clot, you're at an increased risk for a future heart attack or stroke.

LAVIX, taken with other heart edicines, helps provide reater protection against eart attack or stroke than ther heart medicines alone. at's because prescription PLAVIX works fferently than your cholesterol and ood pressure medications, focusing on ur blood platelets to help keep them om sticking together and forming clots.



IMPORTANT INFORMATION: If you have a stomach ulcer or other condition that causes bleeding, you should not use PLAVIX. When taking PLAVIX alone or with some medicines including aspirin, the risk of bleeding may increase. To minimize this risk, always talk to your doctor before taking aspirin or other medicines with PLAVIX, especially if you've had a stroke. Additional rare but serious side effects could occur.

See important product information on the following page.

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INDICATIONS AND USAGE

- Recent MI, Recent Stroke or Established Peripheral Arterial Disease
- Acute Coronary Syndrome

CONTRAINDICATIONS

WARNINGS

Thrombotic thrombocytopenic purpura (TTP)

ADVERSE REACTIONS

PRECAUTIONS

General

ADVERSE REACTIONS

Information for Patients

Drug Interactions

PRECAUTIONS–General.

atenolol, nifedipine,

phenobarbital, cimetidine, estrogen

digoxin, theophylline

phenytoin, tamoxifen, tolbutamide, warfarin, torsemide, fluvastatin, non-steroidal anti-inflammatory agents,

diuretics, beta blocking agents, angiotensin converting enzyme inhibitors, calcium antagonists, cholesterol lowering agents, coronary vasodilators antidiabetic agents (oral, insulin), thrombolytics, heparins, GPIIb/IIIa antagonists, antiepileptic agents, hormone replacement therapy

Drug/Laboratory Test Interactions

Carcinogenesis, Mutagenesis, Impairment of Fertility

Pregnancy

Nursing Mothers

Pediatric Use

Geriatric Use

CLINICAL STUDIES

ADVERSE REACTIONS

PLAVIX has been studied in 42,000 patients, more than 42,000 patients treated for a year or more. The clinically important adverse events observed in CAPRIE, CURE, CLARITY and COMMIT are discussed below.

Overall tolerability of PLAVIX in CAPRIE was similar to that of aspirin in terms of the nature and frequency of adverse events. Approximately equal numbers of patients in each treatment group withdrew because of adverse reactions.

Hemorrhage: In CAPRIE, patients receiving PLAVIX or aspirin experienced major bleeding at a rate of 2.0% and 2.7% respectively, and GI hemorrhage at rates of 1.5% and 2.1% respectively. In patients receiving PLAVIX or aspirin in CAPRIE, the corresponding rates were 2.7% and 3.6%, respectively. The incidence of intracranial hemorrhage was 0.4% for PLAVIX or aspirin and 0.5% for aspirin.

In CURE, PLAVIX use with aspirin was associated with a higher rate of bleeding compared to placebo with aspirin, see Table 5. There was an excess in major bleeding, gastrointestinal bleeding, and bleeding leading to discontinuation of PLAVIX plus aspirin compared with placebo plus aspirin, as would be expected from the pharmacologic effects of the medications. The incidence of intracranial hemorrhage (ICH) and fatal bleeding were similar between treatment groups.

Acute Ischemic Stroke

Several additional episodes of bleeding (described in Table 5) but not in those receiving both PLAVIX and aspirin in CURE.

Table 5: CURE Incidence of bleeding complications (% patients)

	PLAVIX + aspirin (N=6259)	Placebo + aspirin (N=6303)	P-value
Major bleeding	3.7	2.7	0.001
Life threatening bleeding	2.2	1.3	<0.001
ICH	0.2	0.2	
Fatal bleeding	0.9	0.7	
Requiring surgical intervention	0.7	0.7	
Hemorrhagic stroke	0.1	0.1	
Requiring inotropes	0.5	0.6	
Requiring transfusion ≥ 5 units	1.6	1.1	0.007
Other major bleeding	3.0	1.9	<0.001
significantly disabling intracranial bleeding with significant loss of function	0.1%	0.0%	
Requiring 2-5 units of blood	1.1	0.6	
Minor bleeding	5.1	2.4	<0.001

Other significant Perioperative Bleeding in CURE: Postoperative CABG bleeding within 7 days of last dose and clinically significant bleeding

Major bleeding event rate for PLAVIX + aspirin was comparable to placebo + aspirin in patients 100 mg - 200 mg/day (3.9% vs. 3.4%) and > 200 mg/day (4.0% vs. 4.1%).

Major bleeding event rates for PLAVIX + aspirin by age were: < 65 years (2.6% vs. 1.8%), ≥ 65 years (5.2% vs. 3.8%).

Major bleeding event rate for placebo + aspirin was also comparable to placebo + aspirin in patients 100 mg - 200 mg/day (3.4% vs. 2.8%) and > 200 mg/day (4.1% vs. 3.2%).

Major bleeding event rates in patients receiving aspirin and warfarin were: < 65 years (2.7% vs. 1.8%), ≥ 65 years (5.1% vs. 3.5%).

and the antiplatelet effect of aspirin.

Stroke: Two percent (2%) of the patients in CURE had a stroke during the 3 months of the study and the rate of bleeding in these patients was similar to that observed overall.

Thrombocytopenia: Platelet counts below 100 thousand/mm³ were observed in 0.5% of patients who received PLAVIX and in 0.4% of patients who received placebo. Platelet counts below 80 thousand/mm³ were observed in 0.2% of patients who received PLAVIX and in 0.1% of patients who received placebo. Platelet counts below 50 thousand/mm³ were observed in 0.1% of patients who received PLAVIX and in 0.1% of patients who received placebo. Platelet counts below 50 thousand/mm³ were observed in 0.1% of patients who received PLAVIX and in 0.1% of patients who received placebo.

In CLARITY, the incidence of major bleeding, defined as intracranial hemorrhage, or bleeding requiring surgical intervention, or requiring blood transfusion of ≥ 4 units of whole blood or packed red cells over 24 hours, was similar between groups (1.3% for PLAVIX + aspirin and 1.1% for placebo + aspirin). Similar findings were observed in various subgroups of patients defined by baseline characteristics, including type of fibrinolytic or heparin therapy. The incidence of life threatening bleeding was also similar between the PLAVIX + aspirin and placebo + aspirin groups. The incidence of bleeding leading to discontinuation of study drug was higher in the PLAVIX + aspirin group (3.8%) than in the placebo + aspirin group (2.1%).

In COMMIT, the incidence of fatal bleeding, and the incidence of other clinically significant bleeding were similar between PLAVIX and placebo groups.

Overall, the incidence of major bleeding or cerebral bleeding in COMMIT was low and consistent with expectations in this population (see Table 6 below).

Table 6: Number (%) of Patients with Bleeding Events in COMMIT

Type of bleeding	PLAVIX (+ aspirin) (N = 22961)	Placebo (+ aspirin) (N = 22891)	P-value
Major intracerebral or cerebral bleeding *	153 (0.67)	125 (0.55)	0.20
Major non-cerebral	82 (0.4)	79 (0.3)	0.85
Fatal	26 (0.1)	27 (0.1)	0.90
Hemorrhagic stroke	57 (0.2)	58 (0.2)	0.91
Fatal	29 (0.1)	41 (0.2)	0.31
Other non-cerebral bleeding (non-major)	833 (3.6%)	741 (3.2%)	0.005
Any non-cerebral bleeding	896 (3.9%)	799 (3.5%)	0.004

Major bleeds are cerebral bleeds or non-cerebral bleeds thought to have caused death or that required transfusion.

The relative rate of major non-cerebral or cerebral bleeding was independent of age. Event rates for PLAVIX + aspirin by age were: < 50 years (0.2% vs. 0.2%), 50 - 59 years (0.4% vs. 0.3%), 60 - 69 years (0.6% vs. 0.5%), 70 - 79 years (0.9% vs. 0.8%), ≥ 80 years (1.1% vs. 1.0%).

Adverse events occurring in ≥ 2.5% of patients on PLAVIX in the CAPRIE trial are shown below, regardless of relationship to PLAVIX. The median duration of exposure was 28 months, with a maximum of 3 years.

Table 7: Adverse Events Occurring in ≥ 2.5% of PLAVIX Patients in CAPRIE

Body System Event	% Incidence (% Discontinuation) PLAVIX (n=9599)	Aspirin (n=9586)
Body as a Whole–general disorders		
Chest Pain		
Accidental Fall or Injury		
Influenza-like symptoms		
Back		
Fatigue		
Cardiovascular disorders		
Edema		
Hypertension		
Digestive system disorders		
Dyspepsia		
Abdominal pain		
Diarrhea		
Nausea		
Nervous system disorders		
Headache		
Dizziness		
Respiratory system disorders		
Bronchitis		
Rhinitis		
Cough increased		
Skin and appendages disorders		
Rash		
Pruritus		
Urinary system disorders		
Urinary tract infection		

Postmarketing Experience

The following adverse events have been reported spontaneously from worldwide postmarketing experience:

- *Body as a Whole*
  Hypersensitivity reactions, anaphylactoid reactions, serum sickness
- *Central & Peripheral Nervous System disorders*
  Confusion, hallucinations, taste disorders
- *Hepatic/biliary disorders*
  Abnormal liver function test, hepatitis (non-infectious), acute liver failure
- *Platelet, Bleeding and Clotting disorders*
  Cases of bleeding with fatal outcome (especially intracranial, gastrointestinal and retroperitoneal hemorrhage)
  Exacerbation of bleeding, thrombotic thrombocytopenic purpura (TTP) – some cases with fatal outcome (see **WARNINGS**)
  Aplastic anemia, agranulocytosis, pancytopenia
  Prolonged bleeding time and related bleeding
- *Respiratory, Thoracic and Mediastinal disorders*
  Interstitial pneumonitis, eosinophilic pneumonitis
- *Skin and appendages disorders*
  Bullous eruptions, erythema multiforme, Stevens-Johnson syndrome, toxic epidermal necrolysis, angioneurotic edema
- *Renal and Urinary disorders*
  Increased serum creatinine levels
- *Vascular disorders*
  Vasculitis
- *Gastrointestinal disorders*
  Colitis (including ulcerative or lymphocytic colitis), pancreatitis, stomatitis
- *Musculoskeletal, connective tissue and bone disorders*
  Arthralgia

OVERDOSAGE

Excessive bleeding after clopidogrel administration may lead to prolonged bleeding time and consequent bleeding complications. A single oral dose of clopidogrel at 1500 or 2000 mg/kg was lethal to mice and rats, and at 3000 mg/kg to baboons. Symptoms of acute toxicity were vomiting, in baboons, prostration, difficult breathing, and gastrointestinal hemorrhage.

Recommendations About Specific Treatment:

In case of overdose, prolonged platelet transfusion may be appropriate to reverse pharmacological effects of PLAVIX if quick reversal is required.

DOSAGE AND ADMINISTRATION

Recent MI, Recent Stroke, or Established Peripheral Arterial Disease

The recommended dose of PLAVIX is 75 mg once daily.

Acute Coronary Syndrome

For patients with non-ST segment elevation acute coronary syndrome (unstable angina/non-Q-wave MI), PLAVIX should be initiated with a single 300 mg loading dose and administered at 75 mg once daily. Aspirin (75 mg-325 mg once daily) should be initiated and administered in combination with PLAVIX. In CURE, most patients with Acute Coronary Syndrome received heparin acutely (see **CLINICAL STUDIES**).

For patients with ST-segment elevation acute myocardial infarction, the recommended dose is 75 mg once daily administered in combination with aspirin, with or without thrombolytics. PLAVIX may be initiated with or without a loading dose (300 mg was used in ISIS-2) (see **CLINICAL STUDIES**).

PLAVIX can be administered with or without food.

No dose adjustment is necessary for elderly patients or patients with renal disease (see **Clinical Pharmacology**, **Special Populations**.)

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Brief Summary of Prescribing Information Revised February 2

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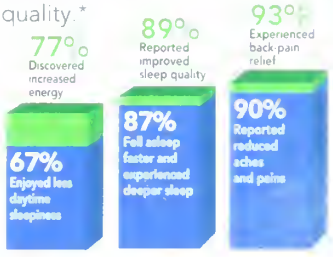
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GENERATION FIT

More and more baby-boomer women are returning to sports they once loved or trying sports they never attempted. "Overall participation in 10 sports among women ages 35 to 64 has increased significantly in the last five years," says Larry Weindruch, a spokesman for the National Sporting Goods Association. Some sports, including kayaking (up an estimated 144 percent) and jogging (up 24 percent), have seen dramatic surges. Twenty-seven million American women ages 35 to 64 walk regularly for exercise—11 million swim, 6 million hike, 6 million bicycle, 4 million jog, 3 million play golf, close to 2 million play tennis and 1.5 million enjoy kayaking or rafting. Team sports are attracting boomers, too. More than 1 million women over 35 belong to softball teams; about half a million play soccer.

Not surprisingly, sports-related injuries among boomers also increased, by about 33 percent through the 1990s, according to the U.S. Consumer Product Safety Commission. However, recent data suggest that some of these injury numbers are beginning to fall—perhaps boomers are figuring out how to play sports without getting hurt. Avoiding injury it isn't easy. After 40, your muscles and connective tissues lose elasticity, your sense of balance declines, your reflexes and reaction time slow and you tire more easily, all changes that can make you more injury-prone.

"Boomeritis" is the term used to describe this increased vulnerability, says Nicholas DiNubile, M.D., author of *FrameWork: Your 7-Step Program for Healthy Muscles, Bones and Joints*, who coined the phrase. "The losses may begin after age 35 or so, but they are slow and incremental. Often you don't realize they've been happening until you do something for the first time in years and you realize it's not as easy as it used to be," Dr. DiNubile says. "Women don't just lose bone in their 40s and 50s; at that age they also lose muscle at a rate of 1 percent per year or 10 percent per decade. So you might not be able to hit a tennis ball as hard or ride a bicycle as far as you used to." The good news: The more you exercise, the more you can slow down these declines—even reverse them.

Avoiding injury takes planning. "In your 20s you might have thought nothing of lacing up your running shoes and jogging for an hour without any preparation. Do that in your 40s and you'll probably feel it for days afterward if you don't actually injure yourself," says Ed Wojtys, M.D., director of sports medicine at the University of Michigan.

See page 132 for our guide to eight sports. Each section includes a "key move" from trainer and Aionfitness.com owner Jonathan Ross, an exercise especially good for that sport. For overall fitness, combine all the key moves. CONTINUED

HOW TO PLAY IT SAFE:

• **CHOOSE A SPORT THAT WORKS WITH YOUR BODY.** If you already have a touch of arthritis in your knees, running or other high-impact sports could worsen it. On the other hand, swimming or biking can strengthen the shock-absorbing muscles around the knees, helping protect them from further damage. At risk for osteoporosis? Swimming won't help maintain bone strength, but jogging, tennis and other impact sports will

• **START GRADUALLY AND BUILD SLOWLY.** "When walking or running, for instance, increase the duration or intensity of the exercise by no more than 10 percent per week," says Mary Lloyd Ireland, M.D., president of the Kentucky Sports Medicine Clinic, in Lexington, and a spokeswoman for the American Academy of Orthopaedic Surgeons. "In golf, you should practice and get proper swing mechanics before playing a round. Try to overdo it and you increase injury risk."

• **WARM UP—BUT DON'T STRETCH—BEFORE YOU PLAY.** "Stretching before exercise is a common mistake that often leads to injury, because the muscles aren't warmed up yet," says Jonathan Ross, director of personal training at Sport Fit, in Bowie, Maryland, and the American Council on Exercise's 2006 Personal Trainer of the Year. "Instead, warm up before playing by doing an easier version of the moves you do during the sport—walk a quarter mile before jogging or cycling; hit a few practice balls before playing tennis or golf. Stretch at the end of your workout, when your body may be most flexible."



CYCLER CHICK: Teacher Betty Adkins, 50, of Gambrills, Maryland; married with three children, one grandchild

Her sport: Bicycling

Biggest challenge: She took her first bicycle vacation in France when she was in her late 30s and got so sore she had to sit out a couple of days.

Proudest sports moment: Zipping past her husband up mountainous Conor Pass, in Ireland, on their fourth bicycle vacation (this time, she had trained for four months).

Why she loves it: "It's a great way to see a country, and it lets you eat all you want every night."

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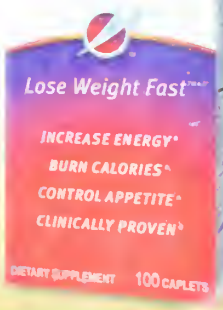


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TIPS TO PROTECT YOURSELF

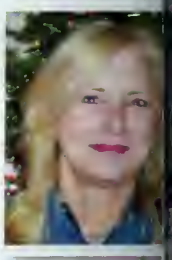
The tough thing about middle age is that you are more prone to injuries when you play sports. Dr. Ireland notes it always takes much longer than you think to heal, often up to six months. Adds Dr. DiNubile, "Many baby boomers have the mindset that they should be able to do the sports they used to do at the same level they used to do them, and if they get injured, that there should be an instant solution to overcome it quickly. The goal should be to give the injury time to heal while doing other activities to keep fit. For example, ride a stationary bike while you're recovering from a shoulder injury." To minimize damage:

1. **Stop as soon as you feel pain. Don't "play through the injury." You might worsen it.**
2. RICE your injury: *R*est the injured area. *I*ce it to reduce swelling. *C*ompress it with bandages. *E*levate the injured body part.
3. **Take nonsteroidal anti-inflammatory medication (such as ibuprofen or aspirin) for the first couple of days after the injury—but not beyond three days without a doctor's instructions. These medications reduce inflammation but may cause stomach upset or prolong healing time.**
4. If you have a long-term condition—an injury that hasn't completely healed or a chronic problem such as arthritis—consult your doctor about the best way to handle pain and prevent further injury.
5. **Know the difference between healthy soreness and an actual injury. Muscles that are simply sore after a workout may ache for a day or two, but the soreness will ease steadily. Joint swelling, pain that persists or worsens beyond 48 hours, problems putting weight on a limb or with normal activity (limping, for example), or one-sided pain (in one knee or ankle or shoulder) should be checked by a doctor.**



Sports Safety Are you ready to return to the sports you enjoyed in your younger days? Protect your body before you step up your workout. For stretches and strategies that prevent "boomeritis," go to **WWW.LHJ.COM/BOOMER**

WATER WOMAN: School nurse Patti Carothers, 55, of The Woodlands, Texas; married with four kids
Her sport: Kayaking
Biggest challenge: Finding time to kayak as much as she would like with her busy schedule.
Proudest sports moment: Taking her mother kayaking through the Erie Canal on her 80th birthday.
Why she loves it: "It's so peaceful, you can do it alone or with friends, exploring where you can't go in a powerboat."



CONTINUED



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THE POST-40 EXERCISE ADVANTAGE

Exercising slows the muscle loss that happens as we age and it builds new muscle. Studies show that playing a sport can help control weight, let you sleep better at night, provide increased energy during the day and decrease your risk of osteoporosis, diabetes, heart disease, some cancers and pain associated with arthritis. "I've seen women in their 40s and 50s who are in the best shape of their lives," says trainer Jonathan Ross. In fact, a recent Harvard study found that even weekend-only athletes have a lower death rate from all causes than sedentary people.

Then there are the emotional benefits. In a recent University of Illinois study, women with a median age of 50 who started a walking program not only reported improved mood and less irritability but also fewer problems with hot flashes and other menopausal symptoms. "Exercising leads to improvements in cardiorespiratory fitness that may account for some of these benefits, but other biochemical changes, the social aspect of participating in a sport and an increased sense of self-esteem also contribute to improved psychological well-being in women who exercise regularly," says study head Steriani Elavsky, Ph.D., assistant professor of kinesiology at Penn State. "Sports offer a distraction from daily life and time for themselves, which can make them feel better."

MUCHO MACHO? ADVICE FOR YOUR WEEKEND WARRIOR

Even more than women, "men are likely to overestimate their fitness level," says Dr. Wojtys. Result? A high risk of injuries. Compounding the problem: Men may be likelier than women to "play through the pain," which can worsen injuries and lengthen recovery time. Yet these macho tendencies may have some benefits. A recent study from the University of Missouri–Columbia notes that the more men agree with stereotypical masculine notions of success and gender roles, the harder they seem to work at injury rehab.

Of course, ideally you'd like your weekend warrior to avoid getting injured to begin with. To that end, Dr. Wojtys says your warrior should

- Get a checkup before starting a sport. If someone has gained a lot of weight over the years, smokes or has a family history of heart disease, playing a rigorous game could raise his risk of a heart attack.
- Remember that a weekend player may take three months to get in shape rather than six weeks. He should practice different aspects of his game on different days to avoid overworking any one body part.
- Warm up for 15 minutes or so before he plays a sport by walking briskly to get circulation flowing.
- Stop at the first sign of pain to determine if he should keep going.
- Use the Monday-morning test. If he can barely get out of bed, he should cut back the next weekend.

SOCCER MOM: Office manager Deborah Cmar, 47, of Bow, New Hampshire; married with four kids
Her sport: Indoor soccer. She plays two nights a week on a town recreational team for women over 30.
Biggest challenge: Holding back. "I won't slide-tackle and risk breaking my ankle. I have to work the next day."
Proudest sports moment: "Any time my 10-year-old daughter sees me going to play with my team."
Why she loves it: "The fact that my team depends on me gets me going. I love strategizing, then celebrating later."



CONTINUED

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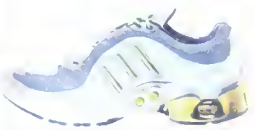


Use only as directed by your doctor

Listen to your heart.

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	SWIMMING	WALKING	TENNIS	GOLF
				
WHY IT'S GREAT	Low-impact allover workout.	Good for all fitness levels, doable anywhere, low-cost aerobic workout, weight-bearing for bones. In a recent survey, 87% of boomers called it their favorite exercise.	Aerobic (as long as you keep moving) as well as strengthening, works upper and lower body.	Lifetime sport you can play with people of any age or skill level (because of handicapping); great upper-body and, if you walk, aerobic exercise.
COMMON INJURIES	Shoulder and rotator cuff injuries. 	Heel spurs, shin splints (pain in the front part of the lower leg), knee problems, falls.	Shoulder and rotator cuff injuries; tennis elbow (or tendinitis); low-back strain; knee pain (possibly caused by tears to muscles, ligaments or tendons).	Lower-back problems because of torso twisting, shoulder and elbow tendinitis.
BEST WORKOUT STRATEGY	Swim backstroke or freestyle rather than breaststroke or butterfly, which are harder on shoulders and knees. Warm up with shoulder shrugs or by bending arms at elbows and moving them back to press scapular blades closer together in back.	Replace sneakers every six months to maintain good cushioning, which reduces the risk of heel spurs and other problems. Walk on smooth, shock-absorbing surfaces. Consider using hiking poles to improve balance and enhance your upper-body workout. To increase intensity, try racewalking (see *www.lhj.com/racewalk*).	Improve balance and strength with lunges, squats and push-ups. 	Walk frequently for stamina; squeeze a tennis ball in each hand to build arm strength.
KEY MOVES	The Hitchhiker: Lying face down on bench or floor, arms straight out to sides at 90-degree angle to your torso, arms turned slightly so thumbs are pointing up to ceiling, slowly raise and lower arms. Begin with no weights, as this exercise is challenging, and try to gradually work up to doing exercise with one- to three-pound weights in each hand. Works rotator cuffs and scapular (shoulder) muscles. Start with one set of 10 repetitions, five or six days a week. Work up to two to three sets of 10 reps, two to three times a week.	Single Leg Stands: This improves balance and ankle strength. Fold a bath towel in half and stand on it barefoot. Lift right leg slightly so you're standing only on your left leg; try to hold position for 30 seconds. Repeat with other leg. Once you achieve 30 seconds, intensify by folding the towel again to add elevation and squishiness. Start with one set of 10 repetitions, five or six days a week. Work up to two to three sets of 10 reps, two to three times a week.	Side-Lunge Taps: Step to your left, reach across your body with your right hand; touch your left foot, step back to center, repeat on right side. Start with one set of 10 repetitions, five or six days a week. Work up to two to three sets of 10 reps, two to three times a week.	Torso Twist: Arms folded on top of each other, bent at 90 degrees, hands on opposite elbows (*I Dream of Jeannie* style). Slowly rotate at waist to right, center, left, center to help posture and flexibility. Elephant Trunk Swings: Standing, arms down, holding one five-pound weight with both hands, alternate putting your weight on one leg, then the other, swinging the handheld weight to the side you're standing on. For both: Do one set of 10 reps, five or six days a week. Work up to two to three sets of 10 reps, two to three times a week.

	KAYAKING	JOGGING/RUNNING	[illegible]	HIKING
				
WHY IT'S GREAT	Aerobic, strengthens upper body and torso, sitting up to paddle improves posture.	Low-cost, aerobic, great calorie-burner, weight-bearing for bone strength; can be done anywhere.	You get to see sights while you exercise, terrific aerobic/cardiovascular workout, strengthens and tones lower body.	Strengthens legs and torso, can be a social sport weight-bearing for bone strength.
COMMON INJURIES	Soreness in the hips, lower back, arms, neck and shoulders caused by repetitive motion of paddling.	Muscle strains, knee pain and tendinitis (particularly in women prone to arthritis), plantar fasciitis, shin splints, low-back pain.	Sore hip flexor muscles (where hips meet pelvis), kneecap arthrtis if prone to it, collisions/falls. Boomer cyclists die at nearly twice the rate of kids because they're less likely to wear helmets.	Falls; twisted, sprained or broken ankles, and if you carry a pack, knee and lower back injuries. "For every pound of weight on your back, your knees may support six times that amount," says Dr. Wojtys.
BEST WORKOUT STRATEGY	Row using full body rather than just arms; follow the paddle with your eyes, which forces you to use your torso as well as your arms.	Build up slowly. Begin by walking, then doing a jog/walk. After a few weeks, jog uninterrupted. Jog on a shock-absorbing surface—a rubberized track is ideal; grassy trails are second. Avoid concrete, blacktop or sidewalks. Replace sneakers at least twice a year. Show your old pair to the clerk so she can see the wear pattern and tell whether you need a shoe that minimizes pronation.	Wear a helmet for outdoor cycling and cycle in safe areas. Choose a seat made for women's wider pelvises, with gel padding and a cutout in the center to absorb shock, reduce pressure and minimize saddle soreness. Adjust seat so your knee is just short of fully extended at the bottom of the pedal stroke. Bad back? Pick a bike with upright handles to avoid the bent-over racing position.	Wear hiking shoes with well-cushioned soles and ankle support and use hiking poles for balance. Take frequent short hikes, starting with flat terrain and building up to hillier terrain. 
KEY MOVES	Alternating Dumbbell Chest Press: While lying on back on a bench or the floor, weight in each hand (no more than 10 pounds), hands on sides of chest, inner wrists facing each other, extend one arm straight up. While bringing it back down, extend other arm straight up so they pass each other. Start with one set of 10 repetitions, five or six days a week. Work up to two to three sets of 10 reps, two to three times a week.	Slow-Motion Running: Jump forward onto a single foot. Stop, with knees slightly bent. Hold for three seconds and jump forward on other foot, repeating same slow action. Start with one set of 10 repetitions, five or six days a week. Work up to two to three sets of 10 reps, two to three times a week. 	Prone Elbow Plank: This strengthens abs for maintaining good biking posture. Lie facedown with your forearms and bottoms of toes on floor, elbows directly under shoulders. Supporting yourself on forearms and bent toes, lift your body, keeping your torso straight. Hold for 30 seconds. To add intensity, in same position, do alternate foot lifts, raising one foot at a time five inches off the ground and holding for a count of five. Do three reps of five-second holds on each side.	Step Downs: Standing with both feet on an aerobic step or the bottom riser of stairs, step backward with right foot into a lunge position, landing on heel on the floor and keeping left foot flat on the step. Use right leg to push off and come back to standing position with both feet on the step. Repeat with left foot. To add intensity, do step downs while holding three- or five-pound weights with hands at shoulders. Start with one set of 10 reps on each leg, five to six days a week. Work up to two to three sets of 10 reps, two to three times a week.

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A-Z

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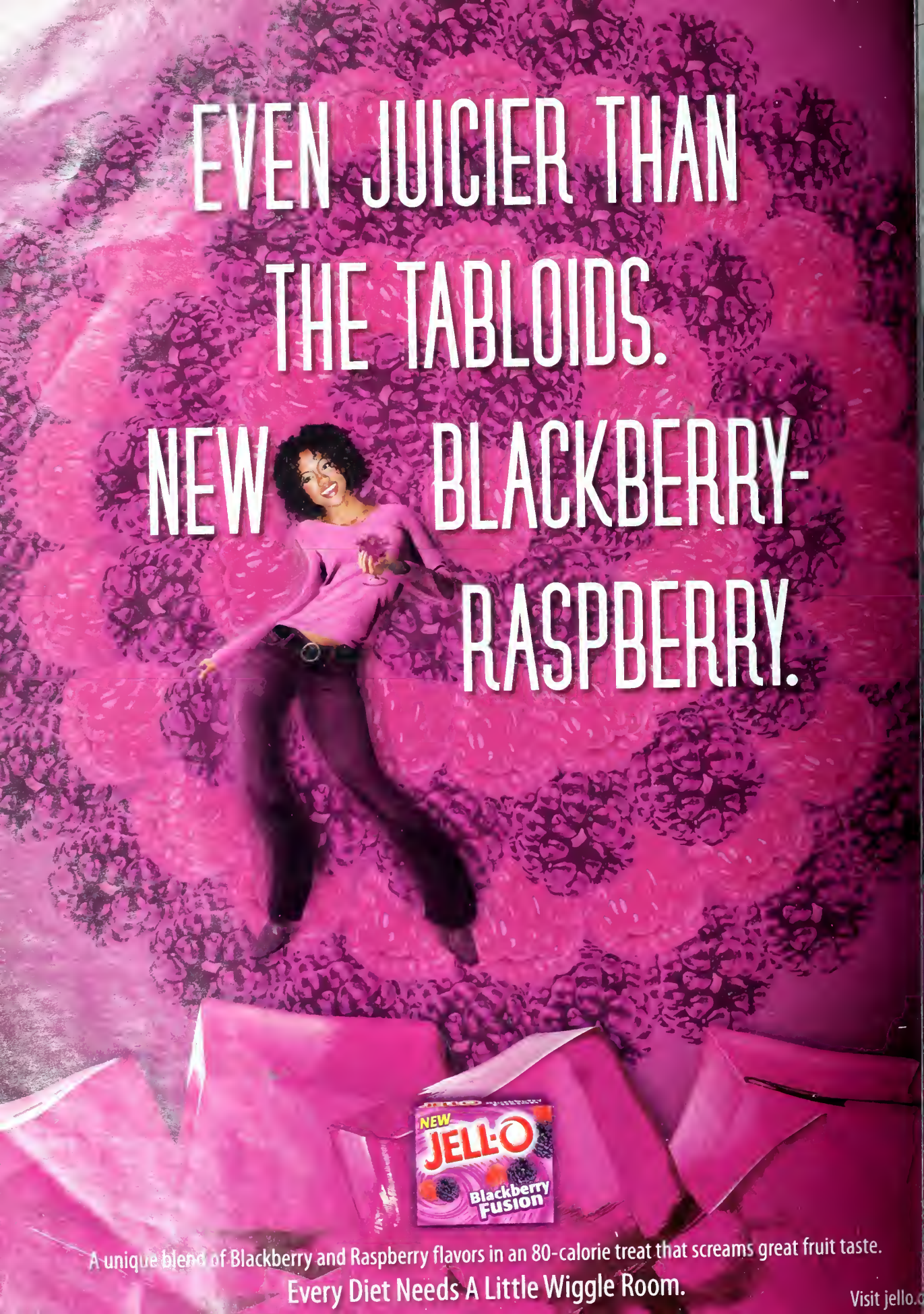
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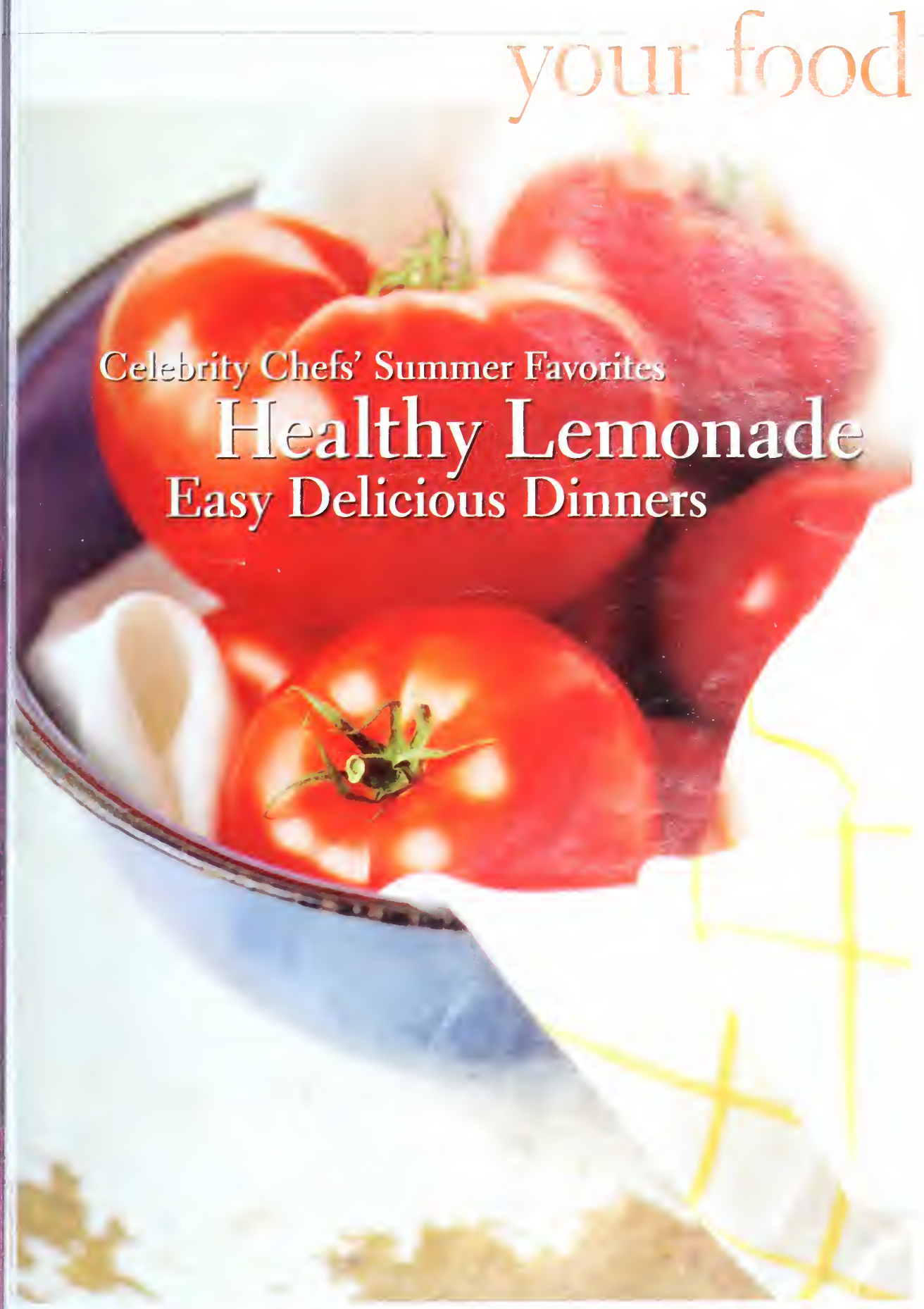
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NO-OVEN SUMMER SUPPERS

Satay With Apricot-BBQ Dipping Sauce and Green Rice

A delicious dinner on a steamy summer night doesn't have to be a sweat. Try these tasty, easy entrées



Satay With Apricot-BBQ Dipping Sauce and Green Rice

SERVES 4

Prep time: 30 min **Total time:** 50 min

- ½ cup apricot jam
- ½ cup barbecue sauce
- 2 teaspoons finely grated lemon zest
- ½ teaspoon ground coriander
- 1¾ teaspoons kosher salt
- 1¼ cups jasmine or basmati rice
- 3 tablespoons rice wine vinegar
- 3 tablespoons extra-virgin olive oil, plus additional for grill
- 1 shallot, minced
- 1¼ teaspoons chili powder
- Pinch freshly ground pepper
- 1¼ lbs sirloin steak, thinly sliced
- 1 cup loosely packed fresh basil leaves
- 1 cup loosely packed fresh flat-leaf parsley leaves
- 2 teaspoons fresh thyme leaves
- 16 (8 inch) bamboo skewers, soaked in water 30 minutes

◆ Combine jam, barbecue sauce, zest and coriander in a small bowl, for dipping sauce. Set aside.

◆ Bring 2½ cups water in a medium saucepan to a boil. Stir in ½ teaspoon salt and the rice; reduce heat to a simmer. Cover and cook until water is absorbed, about 15 minutes. Remove from heat and

CONTINUED

PHOTOGRAPHED BY KATE SEARS
RECIPES AND FOOD STYLING BY TARA BENCH



let stand, covered, 10 minutes. Fluff rice with a fork and let cool slightly.

◆ Meanwhile, whisk together vinegar, 1 tablespoon oil, the shallot, chili powder, ¾ teaspoon salt and the pepper in a large bowl; add steak and toss until coated well. Marinate at room temperature 20 minutes, stirring occasionally.

◆ Meanwhile, combine basil, parsley, thyme, remaining 2 tablespoons oil and ½ teaspoon salt in the bowl of a food processor. Pulse until finely chopped. Toss with rice just before serving.

◆ Preheat grill or grill pan to moderately high heat; lightly oil rack. Thread 1 to 2 slices of steak onto each drained skewer. Grill, turning once, until just cooked through, about 4 minutes. Serve with dipping sauce and rice.

Per serving: 690 calories, 26.5 g total fat, 7.5 g sat fat, 1,208 mg sodium, 82 g carbs, 116 mg calcium, 79 mg chol, 32 g protein, 3 g fiber

Mediterranean Burgers

SERVES 4

Prep time: 35 min **Total time:** 45 min

- 4 hamburger buns or rolls, split
- ½ cup mayonnaise
- 1 small garlic clove, finely minced
- 2 teaspoons jarred capers, rinsed, drained and coarsely chopped
- ½ teaspoon freshly ground pepper
- 1 pound ground sirloin
- ½ medium onion, finely chopped
- ⅓ cup finely chopped roasted red bell pepper (from a 12-oz jar)
- 3 tablespoons plain bread crumbs
- 1 tablespoon olive oil, plus additional for grill
- 1 tablespoon minced fresh basil
- 1 teaspoon dried oregano
- 1 teaspoon red wine or sherry vinegar
- ¾ teaspoon minced fresh rosemary
- ¼ teaspoon kosher salt
- 4 slices provolone
- 5 artichoke hearts (from a 14-oz can), drained and thinly sliced
- 1 cup (1 oz) arugula

◆ Preheat grill or grill pan to moderate heat. Grill rolls, cut side down, until just

golden, about 1 minute; set aside.
◆ Combine mayonnaise, garlic, capers, and ¼ teaspoon pepper in a small bowl. Cover and set aside.
◆ Using hands, gently mix sirloin, onion, roasted pepper, bread crumbs, oil, basil, oregano, vinegar, rosemary, salt and remaining ¼ teaspoon pepper in a medium bowl until just combined. Shape into 4 (1 inch thick) patties.
◆ Lightly oil grill rack or pan. Grill burgers, turning once, about 8 minutes for medium well. Just before removing from grill, top each burger with 1 slice of cheese and heat until slightly melted.
◆ Spread a heaping tablespoon mayonnaise mixture on bottom half of each bun. Layer with artichoke slices, burger and arugula; cover with top half of bun. Serve immediately.

Per serving: 820 calories, 60 g total fat, 16 g sat fat, 983 mg sodium, 36 g carbs, 336 mg calcium, 114 mg chol, 35 g protein, 5 g fiber

Sweet Corn Risotto With Chicken and Tomatoes

SERVES 4

Prep time: 35 min **Total time:** 1 hr

- 2 cans (14 oz *each*) low-sodium chicken broth
- 5 tablespoons extra-virgin olive oil
- 1 small onion, finely chopped
- ½ teaspoon kosher salt
- 1½ cups Arborio rice
- ⅓ cup dry white wine
- 2 tablespoons red wine vinegar
- ¼ teaspoon freshly ground pepper
- 1 container (12 oz) grape tomatoes, cut in half
- ½ cup coarsely chopped fresh basil leaves, plus additional small whole leaves for garnish
- 2 cups fresh corn kernels (cut from 2 to 3 ears)
- ⅓ cup finely grated Parmigiano-Reggiano, plus additional for serving
- 1 (about 2 lbs) rotisserie chicken, skin discarded, meat removed from bones and shredded

◆ Combine broth and 1¾ cups water in a bowl; set aside. Heat 2 tablespoons oil in a 6-quart stock pot over moderate heat. Add onion and cook, stirring occasionally, until softened but not browned, 3 to 4 minutes. Stir in ¼ teaspoon salt and the rice. Add wine and 3 cups broth mixture; bring to a boil. Reduce heat to a simmer and cook, stirring occasionally, until liquid is absorbed and bottom of pot is dry when rice is pushed to the side with a spoon, about 10 minutes.
◆ Meanwhile, whisk together remaining 3 tablespoons oil, ¼ teaspoon salt, the vinegar and pepper in a small bowl. Toss in tomatoes and basil; set aside.
◆ Add broth mixture, ½ cup at a time, to rice (allowing liquid to absorb after each addition), stirring frequently, and cook until rice is al dente and creamy, 10 to 12 minutes. Additional water may be added, ½ cup at a time, if needed. Stir in corn and ½ cup water; cook until heated through. CONTINUED



Sweet Corn Risotto With Chicken and Tomatoes

about 1 minute.

◆ Remove from heat, stir in cheese and salt to taste. Divide risotto among 4 shallow bowls or plates, top with chicken and tomato mixture. Serve immediately with additional cheese on the side.

Per serving: 705 calories, 29.5 g total fat, 6.5 g sat fat, 1,520 mg sodium, 74 g carbs, 125 mg calcium, 112 mg chol, 38 g protein, 8 g fiber

Turkey Wraps With Herbed White Bean Spread

SERVES 4

Prep time: 20 min **Total time:** 20 min

- 1 can (15 oz) white beans (such as navy or cannellini), rinsed and drained
- 3 tablespoons extra-virgin olive oil
- 2 teaspoons fresh lemon juice
- 1 small garlic clove
- 1 teaspoon fresh thyme leaves
- Pinch kosher salt
- ¼ teaspoon freshly ground pepper
- 4 large (10 to 12 inch) flour tortillas
- ¾ lb thinly sliced roast turkey breast
- 1 large tomato, thinly sliced
- ¼ medium red onion, thinly sliced
- 2 oz shaved Parmigiano-Reggiano
- 1 cup (1 oz) arugula or baby spinach leaves
- Chips (optional)

◆ Combine beans, oil, juice, garlic, thyme, salt and pepper in the bowl of a food processor. Purée until smooth, stopping once to scrape down sides, for bean spread. (*Can be made ahead. Cover and chill up to 2 days.*)

◆ Spread bean spread on one side of each tortilla, leaving a 1-inch border around edge. Arrange turkey down center of each tortilla; layer with tomato, onion, cheese and arugula. Starting at one end, tightly roll each tortilla and place, seam side down, on a serving plate. Cut crosswise in half and serve with chips, if desired.

Per serving without chips: 550 calories, 24.5 g total fat, 7.5 g sat fat, 1,677 mg sodium, 48 g carbs, 404 mg calcium, 53 mg chol, 34 g protein, 5 g fiber

CONTINUED

Strawberry Lemonade

MAKES ABOUT 9 CUPS

Prep time: 10 min **Total time:** 15 min

Kitchen cue: For a smoother beverage, purée the strawberries and sugar together in a food processor before adding to lemonade.

- 1 container (1 lb) strawberries, washed and hulled
- 3 tablespoons sugar
- 1 can (12 oz) frozen lemonade concentrate
- 2 cups ice

◆ Using a potato masher or pastry blender, mash together strawberries and sugar in a medium bowl until strawberries are cut into small pieces and mixture becomes juicy, about 1 minute; let stand 3 to 5 minutes.

◆ Combine strawberry mixture, concentrate and 6½ cups water in a large pitcher. Add ice and serve.

Per cup: 100 calories, 0 total fat, 0 sat fat, 2 mg sodium, 25 g carbs, 9 mg calcium, 0 chol, 0 protein, 1 g fiber



Turkey Wraps With Herbed White Bean Spread and Strawberry Lemonade



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Fish Tacos With Mango-Avocado Salsa

Fish Tacos With Mango-Avocado Salsa

SERVES 4

Prep time: 35 min **Total time:** 45 min

- 1 mango, peeled, pitted and cut into 1/3-inch cubes
- 1 firm-ripe avocado, peeled, pitted and cut into 1/3-inch cubes
- 2 scallions, thinly sliced
- 1/2 cup coarsely chopped fresh cilantro leaves
- 2 tablespoons fresh lime juice, plus wedges for serving
- 1 3/4 teaspoons kosher salt
- 3 tablespoons cornmeal
- 1 teaspoon cumin
- 1 teaspoon chili powder
- 1 lb white fish, such as halibut or flounder, skin and bones discarded, cut into 3/4-inch cubes
- 4 tablespoons canola oil
- 16 (6 inch) corn tortillas
- 2 jalapeños, halved, ribs and seeds discarded, thinly sliced
- Hot sauce (optional)

◆ Place mango, avocado, scallion, cilantro, juice and 1/2 teaspoon salt in a bowl; toss gently, for salsa. Set aside.

◆ Combine cornmeal, cumin, chili powder and remaining 1 1/4 teaspoons salt in a bowl; add fish and toss until coated well (discard excess coating); set aside.

◆ Using 2 tablespoons oil, lightly brush onto one side of each tortilla. Heat a large nonstick skillet over moderately high heat. Add tortillas in pairs with uncoated sides together and cook, turning once, until just golden and starting to crisp, 2 to 4 minutes. Transfer to a plate and cover with a towel.

◆ Heat remaining 2 tablespoons oil in same skillet. Add jalapeño and fish; toss to coat with oil. Cook, stirring occasionally, until fish is just cooked through, 4 to 5 minutes. Spoon into paired taco shells. Serve with salsa, lime wedges and hot sauce, if desired.

Per serving without hot sauce: 620 calories, 27 g total fat, 3 g sat fat, 1,093 mg sodium, 67 g carbs, 255 mg calcium, 36 mg chol, 32 g protein, 8 g fiber

MULTI-GRAIN.
The big picture.



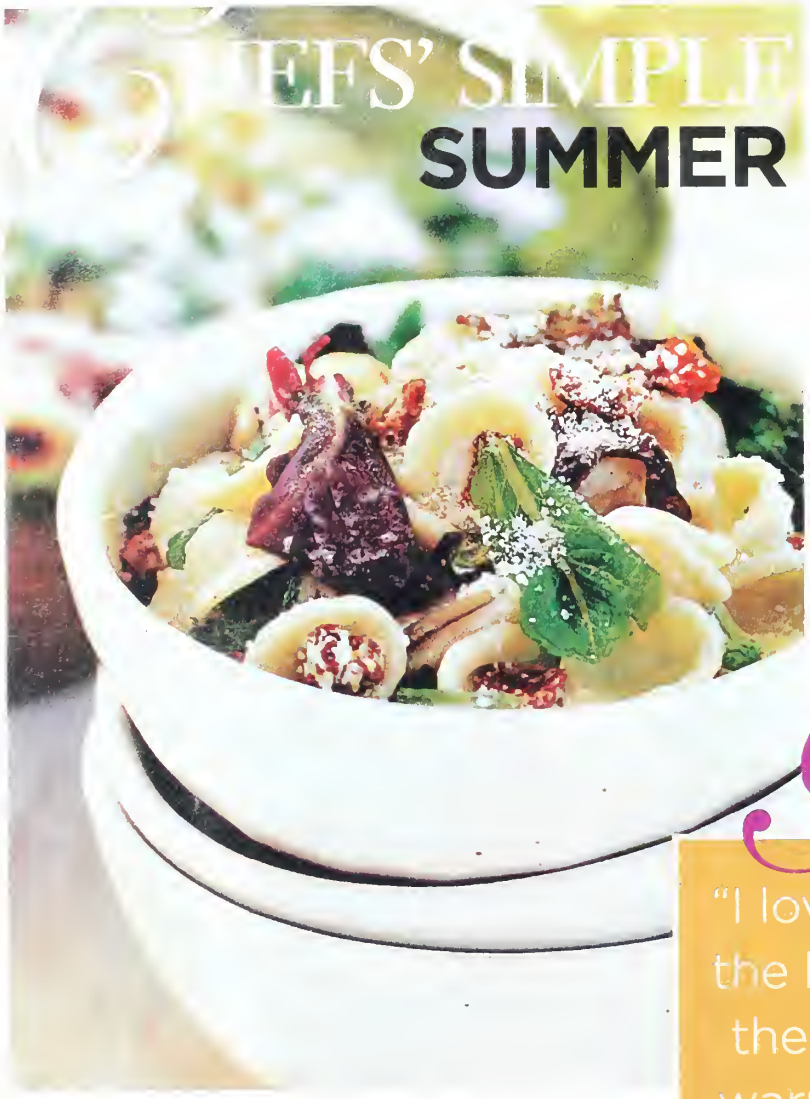
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CHEFS' SIMPLE SUMMER SOLUTIONS

Especially for our readers: a pretty pasta from Giada De Laurentiis, a spicy shrimp from Emeril Lagasse and divinely delicious panini from Ina Garten

GIADA DE LAURENTIIS

"I love how the heat of the pasta warms the greens"



Orecchiette With Mixed Greens and Pecorino Romano

SERVES 4 TO 6

Prep time: 15 min **Total time:** 25 min

Kitchen cue: If Pecorino Romano is not available in your area, Parmigiano-Reggiano makes an excellent substitute.

- ¾ teaspoon salt or to taste
- 1 package (1 lb) orecchiette
- 8 cups (8 oz) mixed salad greens
- ½ cup finely chopped sun-dried tomatoes (packed in oil)
- ½ cup freshly grated Pecorino Romano
- 3 oz soft mild plain goat cheese, crumbled (about ⅓ cup)
- ¾ teaspoon freshly ground pepper

◆ Bring a large pot of water to a boil; add ½ teaspoon salt and the pasta. Cook, stirring occasionally, until tender but still firm to the bite, about 8 minutes. Reserve 1 cup cooking liquid, then drain pasta in a colander.

◆ Place salad greens in a large serving bowl, top with warm pasta and ½ cup reserved cooking liquid. Toss until combined and greens are just wilted. Add tomato, cheeses, remaining ¼ teaspoon salt and the pepper. Toss to combine, adding enough of remaining ½ cup pasta water to reach desired consistency, if needed. Serve immediately.

Per serving (based on 5 servings): 490 calories, 12 g total fat, 5 g sat fat, 948 mg sodium, 76 g carbs, 170 mg calcium, 21 mg chol, 20 g protein, 4 g fiber

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MERIL LAGASSE



"Summer is the best season for shrimp"



Shrimp Remoulade

SERVES 4
Prep time: 20 min
Total time: 2 hrs 20 min

Kitchen cue: Remoulade is a great sauce complement to boiled and fried seafood—from crawfish tails, to catfish, to soft-shell crabs. There are two types of remoulade: the classic French mayonnaise-based white sauce (more like what we Americans think of as tartar sauce) and the red-colored New Orleans Creole variety, of which this recipe is one.

The New Orleans–style sauce has whole-grain Creole mustard as its base, with a variety of chopped vegetables and spices giving it texture and piquancy. Some sauces have a loose consistency that's more like a salad dressing, while others, such as this one, are lighter emulsions. Some sauces contain a little mayonnaise or an egg as a thickener, and others use ketchup to deepen the color and sweeten the flavor; some are spicy, although others are mild. How they're made is a matter of house style or personal preference.

For rémoulade:

- ¼ cup Creole or whole-grain mustard
- ¼ cup prepared horseradish
- 2 tablespoons finely chopped onion
- 2 tablespoons finely chopped scallion
- 2 tablespoons finely chopped celery
- 1 tablespoon sugar
- 1¾ teaspoons paprika
- ¾ teaspoon Worcestershire sauce
- ½ teaspoon garlic powder
- 2 tablespoons red wine vinegar
- 2 tablespoons vegetable oil

For shrimp:

- 3 cups (3 oz) romaine lettuce, shredded
- 24 large shrimp, boiled, peeled and deveined
- 1 lemon, sliced, for garnish

◆ *Make rémoulade:* Beat together mustard, horseradish, onion, scallion, celery, sugar, paprika, Worcestershire sauce and garlic powder in a bowl on medium speed until combined well. With mixer running, slowly add oil in a steady stream and beat CONTINUED



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until thickened and emulsified, about 1 minute. Slowly add in vinegar, beating until combined. Transfer to an airtight container and refrigerate until well chilled before using, at least 2 hours or up to 5 days.

◆ *For shrimp:* Mound lettuce on 4 chilled salad plates. Dip each shrimp in rémoulade and arrange over lettuce. Garnish with lemon slices, if desired, and serve immediately.

Per serving: 170 calories, 8 g total fat, 1 g sat fat, 558 mg sodium, 7 g carbs, 47 mg calcium, 117 mg chol, 13 g protein, 1 g fiber

RECIPE COURTESY OF AND ADAPTED FROM ORIGINAL BY EMERIL LAGASSE



Ina Garten



"This is a great way to make a tasty, hot sandwich"

Tomato, Mozzarella & Pesto Panini

MAKES 6 SANDWICHES

I'm not big on specialized equipment; why have three things that smash garlic when the back of the knife I already own does the same thing? But one day I decided I just had to buy a panini machine and boy, am I glad I did! It's a great way to make delicious hot sandwiches for lunch. You can also make dessert sandwiches with slices of pound cake and good chocolate melted in the middle. Enjoy!

2 large ripe beefsteak tomatoes
1 (16-ounce) ball fresh mozzarella
12 slices bakery white bread, sliced ½-inch thick
About 1 cup prepared pesto
Kosher salt
6 slices (3 ounce) prosciutto
Unsalted butter, at room temperature

◆ Preheat a panini grill machine.

◆ Core the tomatoes and slice the tomatoes and mozzarella ¼-inch thick.

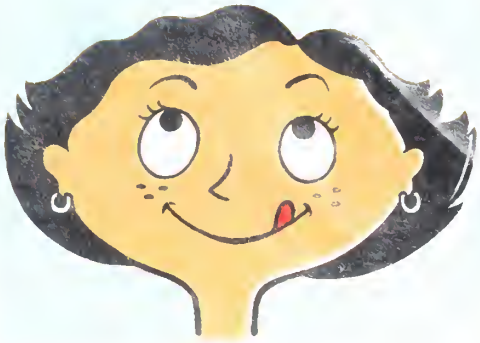
◆ Place the bread slices on a work surface. Spread each slice evenly with pesto. Place a layer of mozzarella (about 2 slices) on half of the bread and cover with a layer of tomato. (If the tomatoes are large, it will only be one slice.) Sprinkle the tomato with salt and top each with prosciutto. Place the remaining slices of bread, pesto side down, on top. Spread the top and bottom of each sandwich with softened butter. Grill the sandwiches in batches on the panini grill for 2 to 3 minutes, until the mozzarella starts to ooze. Cut each sandwich in half, and serve warm.

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For the secrets of summer cooking, turn to our interviews with Giada De Laurentiis, Emeril Lagasse and Ina Garten on pages 90–94.



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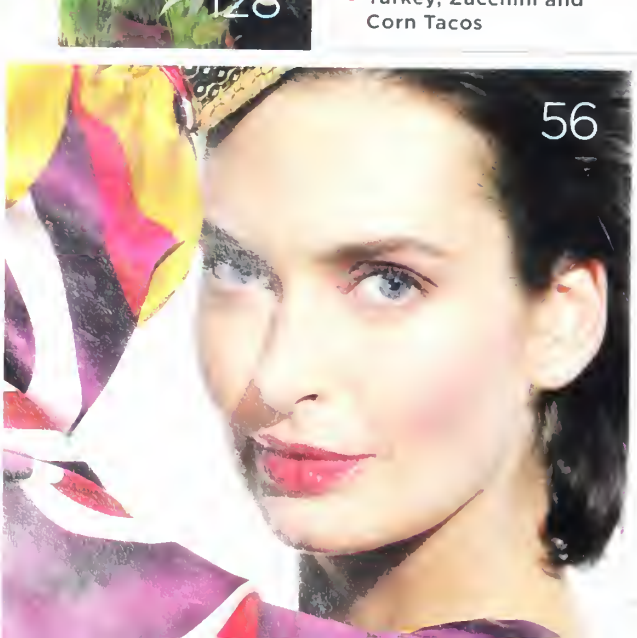
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- Grilled Steak With Herb Sauce and Mashed Sweet Potatoes
- Lemon-Thyme Butter
- Mini Pepperoni-Cheddar Corn Sticks
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Cover. Wynonna Judd photographed exclusively for *Ladies Home Journal* by Dana Fineman. **Hair:** Susanne Shepherd **Makeup:** Angela Day Ha **Manicure:** Susan Mannino **Prop Stylist:** Elaine Hensley **Stylist:** Steven Randolph **To Get the Look, Try MAC: Face:** Studio Fix Fluid SPF 15 in NW20 $25 **Cheeks:** Powder Blush in Melba, $17.50 Multi-Blush in Raspberry, $25 **Eyes:** Eye Shadow in Crystal and Hepcat, $14 each **Lips:** Lipstick in Nubile $14


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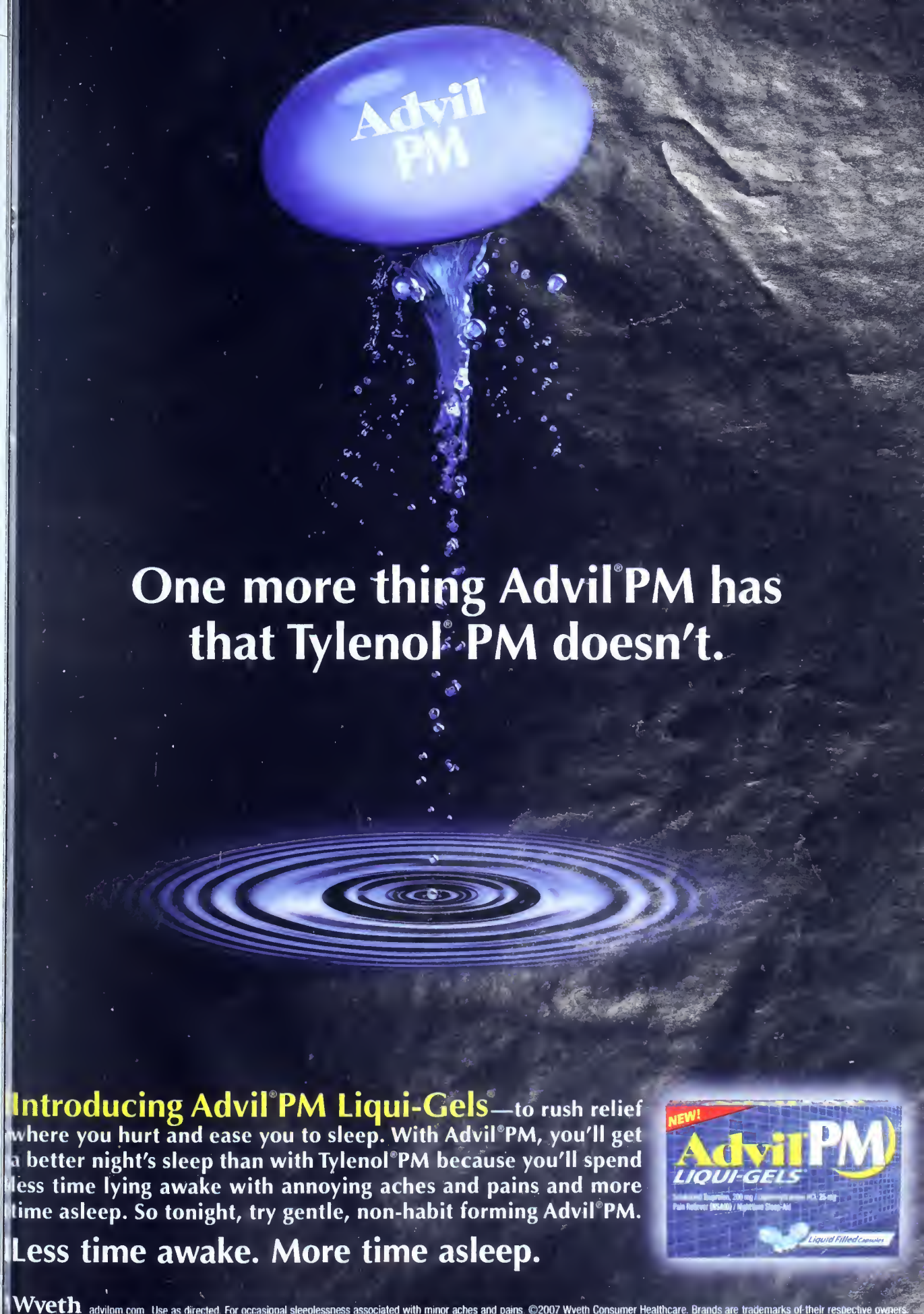
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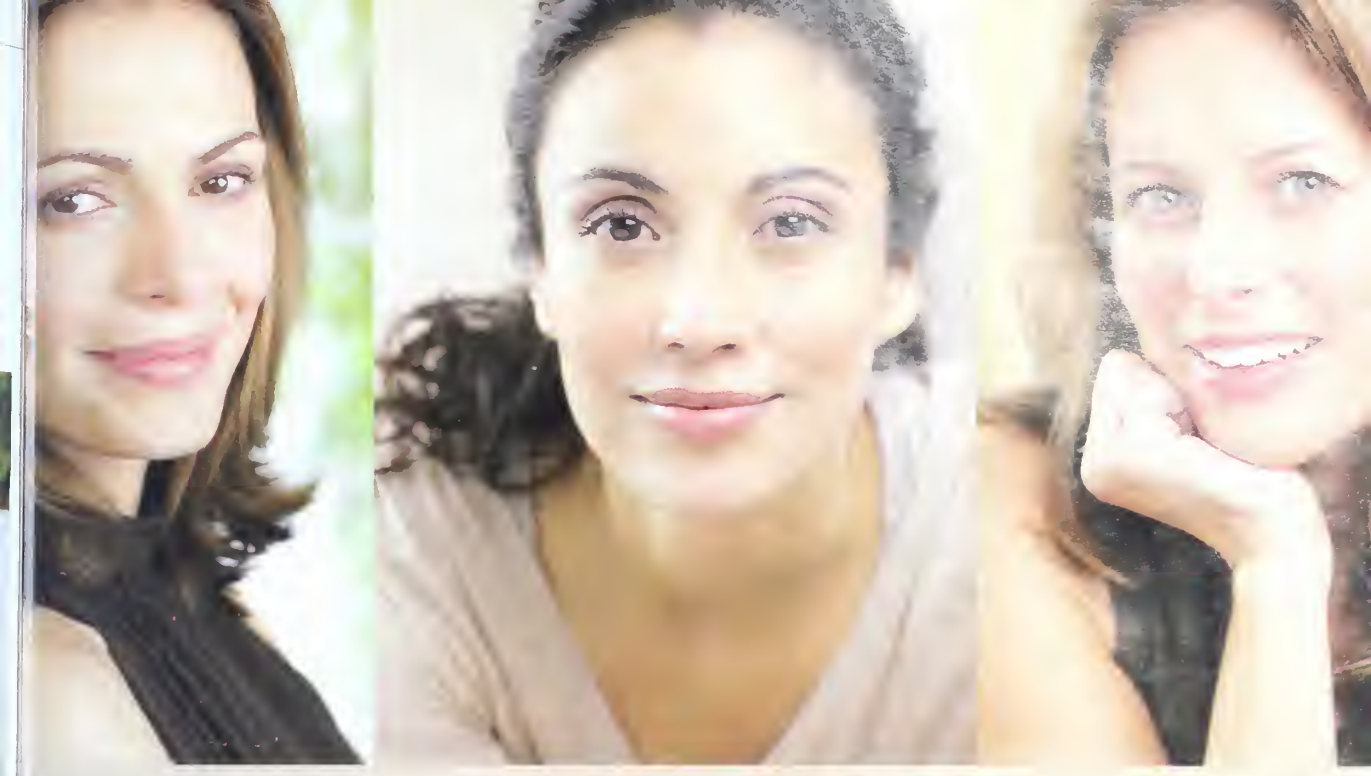
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welcome









Me with *GMA*'s Robin Roberts at our Never Underestimate the Power of a Woman® luncheon; Roberts with Publishing Director Jeannine Shao Collins; Roberts with Deputy Research Editor Joy Armstrong

If you're a fan of Robin Roberts on *Good Morning America* (as we are) and have wondered what she's really like in person, we're here to tell you that she's as down-to-earth, bright and inspiring as she is in her reports. When you read her new book, *From the Heart: Seven Rules to Live By*, you get an excellent feel for why. Her parents were remarkable people who raised four children to be well-mannered, self-confident and ambitious in the best sense. Roberts became a *GMA* co-anchor in 2005, and along with the inimitable Diane Sawyer, made the program the first and only two-woman-anchored morning network TV show in 2006. For all these reasons, we were proud to host Roberts at a Never Underestimate the Power of a Woman® lunch and proud she joins *Ladies' Home Journal* as special correspondent. Now you can read her insights and advice in our pages (see page 106).

Other people who are transforming our world for the better are the astounding doctors who have won our second annual Health Breakthrough Awards. Read about their critically important work on pages 184 through 210.

Diane Salvatore

Diane Salvatore, Editor-in-Chief

Write to me at *lhj.deardiane@meredith.com*

OUR COVERS ARE FAMOUS

This June, the Norman Rockwell Museum kicked off a five-month exhibit featuring the work of Al Parker, a critically acclaimed and popular commercial illustrator during the middle of the last century. Rockwell was an admirer of Parker's graphic style, which was considered very modern, even edgy, at the time. Parker often worked for *Ladies' Home Journal*, doing fashion and fiction illustration but he was most famous for his series of mother-daughter covers from February 193[9] through May 1952, which chronicled suburban life and the birth of the baby boom generation. You can see his original paintings and *Ladies' Home Journal* covers at the museum. Go to *www.nrm.org/page211*.





Above: The March 1943 Parker cover Left: Me at t opening wit Chief Curato Stephanie H boush Plunk and Parker's son, Kit, pictured her

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change your life.
but can you?

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treatment effects,

what's the plan?

alli



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I can lose 50% more weight



I can push myself further.



I can do it differently this time

I can make changes that stick



look for ways to burn more calories



I can walk my dog around the block, again



I can prove myself to myself

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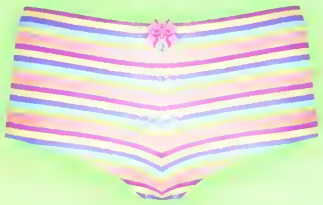




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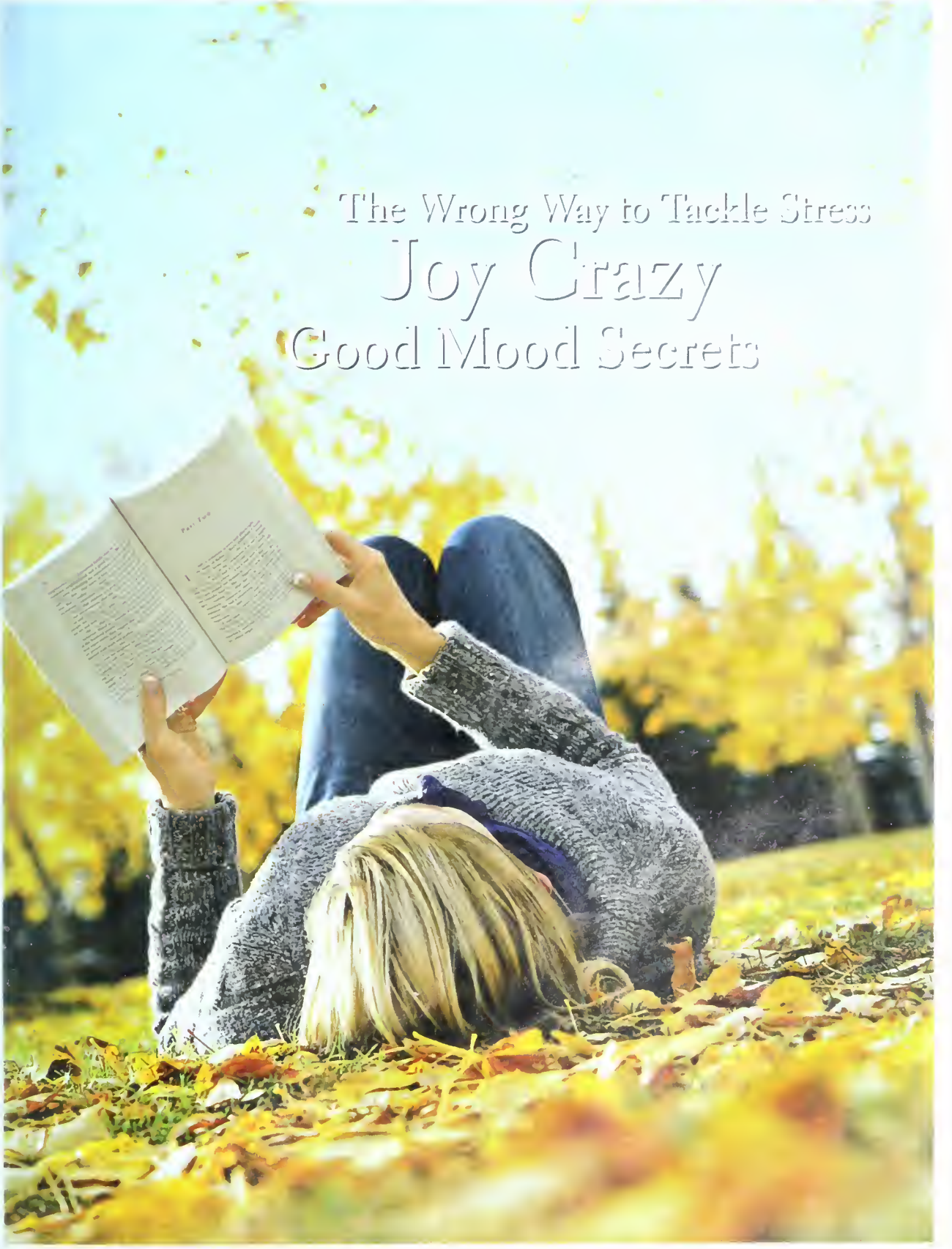






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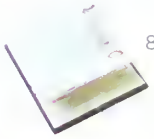
The Wrong Way to Tackle Stress

Joy Crazy

Good Mood Secrets

Your Hormone Horoscope

As your levels of estrogen, testosterone and progesterone rise and fall throughout your menstrual cycle, they can affect your mood and memory, making some days better than others for getting certain things done, says Gabrielle Lichterman, author of *28 Days: What Your Cycle Reveals About Your Love Life, Moods and Potential*. Check out her take on how to make the most of your natural ups and downs. *—Kimberly Papa*

ACTIVITY	BEST DAYS	WHY
SHOPPING 	Last day of your period to 10th day of new cycle	Your period is over and so is the bloating. You're feeling good about your body, and rising estrogen and testosterone levels will give you plenty of energy to make it through a long day of bargain hunting.
DATE WITH YOUR HUBBY 	6th day to 11th day	Estrogen and testosterone are on the upswing, making you in the mood for quality couple time and revving up your sex drive.
PAYING BILLS 	8th day to 10th day	Higher estrogen levels are putting the logical, detail-oriented left side of your brain in control. Balance your checkbook and pay off your credit card.
RUNNING ERRANDS	11th day to 13th day	Your body and brain are moving at lightning speed, thanks to skyrocketing estrogen and testosterone levels, helping you whiz through all your boring chores.
GOING TO THE DENTIST	13th day to 15th day	Estrogen and testosterone are at their peak, boosting your pain threshold. So now is also a good time to tweeze your eyebrows.
GOING TO A SPA 	23rd day to 28th day	Your estrogen and progesterone levels are taking a nosedive—and they're dragging your mood along with them. A little pampering is the perfect pick-me-up to boost the feel-good brain chemical serotonin and shoo away the grumps.
FRAMING A PICTURE	28th day to 2nd day of your next period	Estrogen and testosterone hit a monthly low, and the artsy, introspective right side of your brain is in control, getting your creative juices flowing. Keep a pen and paper close by to jot down all those brilliant ideas

Note: Day 1 is the first day of your period

Is Getting Rich a No-Brainer?

to be an Einstein
ous cash. A study
oomers found
le of below-
e just
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ey
onomist
at the Center for Human Resource Research at Ohio State University. What kind of family you're born into has, of course, a lot to do with income. But when it comes to mental makeup, self-control is a more-significant factor than intellect. Your ability to keep your wallet closed when faced with a whim purchase is absolutely key, Dr. Zagorsky says. Many well-off folks know when to save and splurge, and it's got nothing to do with whether they aced that quantum mechanics class. *—S. Kirk Walsh*


the past?
dove pro·age
Dove
pro·age
dove pro·age



Why Your Dog Looks Like You

Have you ever noticed that your perky next-door neighbor with long flowing locks looks a lot like her sprightly long-haired dachshund? To a growing number of scientists, it's more than canine coincidence. One Venezuelan study of facial photographs shows more resemblance between owner-pet pairs than pairs that were randomly matched. Another study from the University of California at San Diego found that, when shown separate photos of pets and owners, subjects could often link them (but only if the dogs were purebreds). Both studies suggest the same psychological mechanisms are at work when we pick mates who resemble us. People tend to be comforted by faces that match the one they see in the mirror. That trust factor extends to the animal kingdom, too. *—Katie Brophy*

ARE KIDS THE KEY TO HAPPINESS?



Women who've never had children are just as content at midlife as mothers of the same age and in the same circumstances, according to a new study from the University of Florida. Whether a woman gives birth seems less crucial to her well-being than such factors as education, work and earnings, as well as relationships with family and friends. *When* children make their appearance is key, though. The study found that women who gave birth before the age of 19 were the least happy. *—Nancy Bilyeau*

Why It Feels Good to Give

AMERICANS GIVE more money to charity than do any other people in the world. Last year we set an all-time record, donating $295 billion to charitable causes. What is it that makes us keep on giving? Knowing your money is going to a good cause activates the same pleasure centers in the brain associated with basic needs like food, shelter and social connection, according to researchers at the University of Oregon. The findings show that the brain is capable of tracking not only what's good for us personally, but also what's good for others. *—Kimberly Papa*



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nds of women have it. Thousands of women treat it.

omen experience vaginal dryness during menopause because of a decrease in estrogen. This can cause , itching, and burning, in and around the vagina, and may make sexual intercourse uncomfortable.

nds of women have been prescribed PREMARIN Vaginal Cream to treat their vaginal dryness. ver-the-counter lubricants, which do not treat the underlying cause of your vaginal symptoms, RIN Vaginal Cream works by renewing your body's ability to lubricate naturally.

ering a blend of estrogens directly to the vagina, PREMARIN Vaginal Cream reverses the changes that oth internal and external vaginal dryness, restores elasticity and lubrication, and can help maintain this with continued use.

t menopausal vaginal dryness disrupt your life.

re information and a money-saving coupon for your first prescription, please visit our Web site w.premarinvaginalcream.com.

the most important information you should know REMARIN Vaginal Cream (a cream of estrogens)?

ens increase the chances of getting cancer of erus.

t any unusual vaginal bleeding right away while e using PREMARIN Vaginal Cream. Vaginal bleeding menopause may be a warning sign of cancer of the (womb). Your health care provider should check any al vaginal bleeding to find out the cause.

t use estrogens with or without progestins to prevent disease, heart attacks, strokes, or dementia.

estrogens with or without progestins may increase hances of getting heart attacks, strokes, breast , and blood clots. Using estrogens, with or without stins, may increase your risk of dementia, based on a study of women age 65 years or older. You and your health care provider should talk regularly about whether you still need treatment with PREMARIN Vaginal Cream.

- PREMARIN Vaginal Cream is used after menopause to treat dryness, itching, and burning, in and around the vagina.
- The most commonly reported side effects of PREMARIN Vaginal Cream include vaginal discomfort or pain, breast pain, vaginitis, and itching.
- PREMARIN Vaginal Cream should not be used if you have unusual vaginal bleeding, have or had cancer of the breast or uterus, had a stroke or heart attack in the past year, have or had blood clots, have liver problems, are allergic to any of the ingredients in PREMARIN Vaginal Cream, or think you may be pregnant.

Please see Patient Information on the following page.

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PATIENT INFORMATION

Premarin® [illegible] Vaginal Cream

R only

Read this PATIENT INFORMATION before you start using Premarin Vaginal Cream and read what you get each time you refill Premarin Vaginal Cream. There may be new information. This information does not take the place of talking to your healthcare provider about your medical condition or your treatment.

What is the most important information I should know about Premarin (an estrogen mixture)?

- Estrogens increase the chances of getting cancer of the uterus.

  Report any unusual vaginal bleeding right away while you are taking Premarin Vaginal Cream. Vaginal bleeding after menopause may be a warning sign of cancer of the uterus (womb). Your healthcare provider should check any unusual vaginal bleeding to find out the cause.

- Do not use estrogens with or without progestins to prevent heart disease, heart attacks, strokes, or dementia.

  Using estrogens with or without progestins may increase your chances of getting heart attacks, strokes, breast cancer, and blood clots. Using estrogens with or without progestins, may increase your risk of dementia based on a study of women age 65 years or older. You and your healthcare provider should talk regularly about whether you still need treatment with Premarin Vaginal Cream.

What is Premarin Vaginal Cream?

Premarin Vaginal Cream is a medicine that contains a mixture of estrogen hormones.

What is Premarin Vaginal Cream used for?

Premarin Vaginal Cream is used after menopause to:

- **treat dryness, itching, and burning, in and around the vagina.** You and your healthcare provider should talk regularly about whether you still need treatment with Premarin Vaginal Cream to control these problems.

Who should not use Premarin Vaginal Cream?

Do not start using Premarin Vaginal Cream if you:

- **have unusual vaginal bleeding.**
- **currently have or have had certain cancers.**
  Estrogens may increase the chances of getting certain types of cancers, including cancer of the breast or uterus. If you have or have had cancer, talk with your healthcare provider about whether you should use Premarin Vaginal Cream.
- **had a stroke or heart attack in the past year.**
- **currently have or had blood clots.**
- **currently have liver problems.**
- **are allergic to Premarin Vaginal Cream or any of its ingredients.**
  See the end of this leaflet for a list of all the ingredients in Premarin Vaginal Cream.
- **think you may be pregnant.**

Tell your healthcare provider:

- **if you are breastfeeding.** The hormones in Premarin Vaginal Cream can pass into your milk.
- **about all of your medical problems.** Your healthcare provider may need to check you more carefully if you have certain conditions, such as asthma (wheezing), epilepsy (seizures), migraine, endometriosis, lupus, or problems with your heart, liver, thyroid, kidneys, or have high calcium levels in your blood.
- **about all the medicines you take,** including prescription and nonprescription medicines, vitamins, and herbal supplements. Some medicines may affect how Premarin Vaginal Cream works. Premarin Vaginal Cream may also affect how your other medicines work.
- **if you are going to have surgery or will be on bedrest.** You may need to stop using Premarin Vaginal Cream.

How should I use Premarin Vaginal Cream?

The Gentle Measure® Applicator has been specifically designed for comfortable, easy use.

1. Remove cap from tube.
2. Screw nozzle end of applicator onto tube.
3. Squeeze tube from the *bottom* to force sufficient cream into the barrel to provide the [illegible] marked stopping points on the applicator barrel to measure the [illegible] as directed by your healthcare provider.
4. Unscrew [illegible]
5. Lie on back [illegible] to deliver medication gently insert applicator deeply into vagina as far as [illegible] original position.

TO CLEANSE: Remove [illegible] barrel. Wash with mild soap and warm water.

DO NOT BOIL OR [illegible]

Premarin Vaginal Cream [illegible] lowest possible dose for your treatment and only for as needed. You and your healthcare provider should talk regularly (for example, every 3 to 6 months) about the dose you are using and whether you need treatment with Premarin Vaginal Cream.

What are the possible side effects of Premarin Vaginal Cream?

Although Premarin Vaginal Cream is [illegible] vagina, the risks associated with Premarin tablets should be taken [illegible]

Less common but serious side effects of estrogens include:

- Breast cancer
- Cancer of the uterus
- Stroke
- Heart attack
- Blood clots
- Dementia
- Gallbladder disease
- Ovarian cancer

These are some of the warning signs of serious side effects:

- Breast lumps
- Unusual vaginal bleeding
- Dizziness and faintness
- Changes in speech
- Severe headaches
- Chest pain
- Shortness of breath
- Pains in your legs
- Changes in vision
- Vomiting

Call your healthcare provider right away if you get any of these warning signs, or any other unusual symptom that concerns you.

Common side effects of estrogens include:

- Headache
- Breast tenderness
- Irregular vaginal bleeding or spotting
- Stomach/abdominal cramps, bloating
- Nausea and vomiting
- Hair loss
- Reactions from inserting Premarin Vaginal Cream such as vaginal burning, irritation, and itchi

Other side effects of estrogens include:

- High blood pressure
- Liver problems
- High blood sugar
- Fluid retention
- Enlargement of benign tumors of the uterus ("fibroids")
- Vaginal yeast infections
- Allergic reactions

These are not all the possible side effects of Premarin Vaginal Cream. For more information, ask your healthcare provider or pharmacist.

What can I do to lower my chances of getting a serious side effect with Premarin Vaginal Cream?

- Talk with your healthcare provider regularly about whether you should continue using Premarin Vaginal Cream.
- See your healthcare provider right away if you get vaginal bleeding while using Premarin Vaginal Cream.
- Have a breast exam and mammogram (breast X-ray) every year unless your healthcare provider tells you something else. If members of your family have had breast cancer or if you have ever had breast lumps or an abnormal mammogram, you may need to have breast exams more often.
- If you have high blood pressure, high cholesterol (fat in the blood), diabetes, are overweight, or if you use tobacco, you may have higher chances for getting heart disease. Ask your health care provider for ways to lower your chances for getting heart disease.

General information about the safe and effective use of Premarin Vaginal Cream

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use Premarin Vaginal Cream for conditions for which it was not prescribed. Do not give Premarin Vaginal Cream to other people, even if they have the same symptoms you have. It may harm them. **Keep Premarin Vaginal Cream out of the reach of children.**

This leaflet provides a summary of the most important information about Premarin Vaginal Cream. If you would like more information, talk with your healthcare provider or pharmacist. You can ask for information about Premarin Vaginal Cream that is written for health professionals. You can get more information by calling the toll-free number 1-800-934-5556.

What are the ingredients in Premarin Vaginal Cream?

Premarin Vaginal Cream contains a mixture of conjugated estrogens, which are a mixture of sodium estrone sulfate and sodium equilin sulfate and other components including sodium sulfate conjugates of 17 α-dihydroequilin, 17 α-estradiol, and 17 β-dihydroequilin. Premarin Vaginal Cream also contains cetyl esters wax, cetyl alcohol, white wax, glyceryl monostearate, propylene glycol monostearate, methyl stearate, benzyl alcohol, sodium lauryl sulfate, glycerin, and mineral oil.

Premarin® (conjugated estrogens) Vaginal Cream—Each gram contains 0.625 mg conjugated estrogens USP.

Combination package: Each contains Net Wt 1 ½ oz (42.5 g) tube with one plastic applicator calibrated in 1 g increments to a maximum of 2 g (NDC 0046-0872-93).

Store at 20° to 25°C (68° to 77°F); excursions permitted to 15° to 30°C (59° to 86°F) [See USP Controlled Room Temperature].

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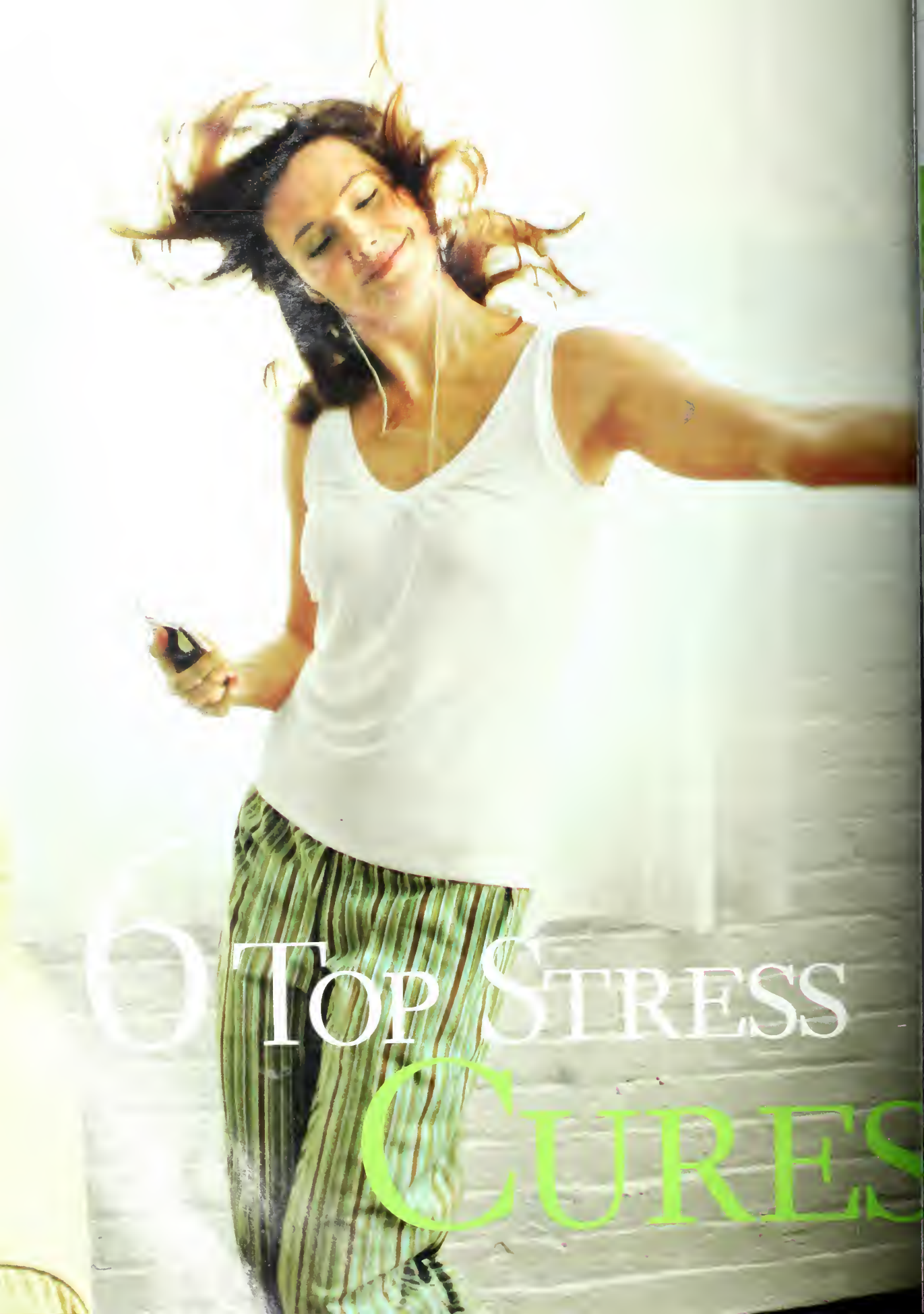
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HealthyDose®
A Guide to Healthy Living

Look to this month's *Healthy Dose* (see page 214), which features information from medical experts from the University of Michigan Health System, to learn about common health concerns among women. From cholesterol and nutrition to bone and digestive health, you can learn how to make the right choices to live a healthy life.



Top Stress Cures

You've Never Heard Before

Sick of being told to try meditation, restful music or warm bubble baths? Here are some truly surprising—and successful—stress soothers

By Beth Levine

Like a lot of other women trying to combat round-the-clock stress, I've run through all the usual suspects. Meditation? Been there, done that (and I challenge anyone to execute a cleansing breath as well as I can). Simplifying? I've organized my closets, cut back on commitments and learned to say no before I even hear the request. Warm baths? Oh, yeah—I've soaked until my fingers have puckered. And here I am still tied up in knots most of the time.

The customary cures haven't worked, so what else is there to try? Maybe it's time for something wildly improbable, yet scientifically sound and genuinely effective. Maybe it's time for one of the six surprising stress solutions below.

SURPRISE #1 WATCH A SCARY MOVIE (POPCORN OPTIONAL)

In psychoanalysis, there's a concept known as "repetition compulsion" wherein patients unconsciously attempt to achieve mastery over a past trauma by revisiting the original emotional scene of the crime in the hope that this time the situation will turn out differently. If you are anxious or stressed, here's a nifty way to replicate this remedy, but at a remove: Watch a scary movie. "These films allow you to tackle upsetting issues from the safe distance of allegory," says Constance Pittman Lindner, a writer and health researcher in Boston. "This permits a safe confrontation of real fears disguised in conquerable, metaphorical form."

Here's how it works, according to Charles Goodstein, M.D., clinical professor of psychiatry at New York University Medical Center. "The stressful situation depicted on screen is related unconsciously in feeling and tone to your own stress, but at the same time because it is a film, you are psychologically distant from it," he explains. "You have, in small doses, a very frightening experience, yet you're in control of it, as you aren't in real life. Even if the movie ends disastrously for the characters in it, you're always aware that you will leave the theater alive and well. So this emotional journey can be a useful way to discharge stress."

It Worked for Her: When Melanie Votaw, 48, of Brooklyn, New York, was recuperating from a serious car accident, she discovered that *Speed*, *Jurassic Park* and *Jaws* became her favorite movies to view again and again. "There was something cathartic about watching them, like it let me let go of the stress," she recalls. "I felt that it physically removed the trauma from my body—I think because I was able to relive it in a make-believe setting."

SURPRISE #2 BECOME A QUEEN OF DENIAL

In today's confessional culture, we're constantly encouraged to share our feelings. Let it out! Don't repress! Well . . . not always. In fact, denial can be a terrific coping strategy. If the stressor is something over which you have no control, simply pull a Scarlett O'Hara and tell yourself, "I'll think about it tomorrow."

No one, it should go without saying, is advising you to ignore serious issues that demand immediate action (a breast lump, for example, or a depressed teenager). But sometimes denial can give you a little breathing room. "Temporarily CONTINUED

denying or avoiding unpleasant facts won't change a situation," observes J. Michael Bostwick, M.D., associate professor of psychiatry at the Mayo Clinic College of Medicine, "but it can prevent you from being overwhelmed and give you time to get acclimated." The idea behind this strategy is to suppress whatever is stressing you out until you're able to deal with it in a more appropriate manner. Moreover, every once in a while, if you ignore it, it actually *will* go away.

It Worked for Her: Pushing life's mute button is easier said than done, of course, but here is a method that really does work. When Martha Kaminsky, 55, of Ithaca, New York, feels overwhelmed, she writes down all her worries on a piece of paper, hides it away, then tells herself, "It's out of my hands." A few months later, she'll revisit the list and, nine times out of 10, the majority of those once-critical concerns have resolved themselves while she was officially in denial. The concerns that are still valid, in turn, become easier to deal with because by then Kaminsky has cooled off and is able to approach the problems in a more rational, objective way.

If you're stressed by something out of your control, simply pull a Scarlett O'Hara

SURPRISE #3: GO TO EXTREMES

Health experts routinely recommend 30 minutes of moderate exercise daily to relieve stress. In a recent study at the University of Missouri–Columbia, moderate-intensity exercise was shown to have that effect, but high-intensity workouts packed a much bigger and better antistress wallop. Different women were monitored for half an hour doing no exercise, moderate exercise or high-intensity exercise. While the groups who exercised showed a decline in anxiety (as measured by a standard test called "state anxiety inventory"), the sharpest decline was among the women in the high intensity group. Additionally, that group's anxiety continued to drop significantly at 30-, 60- and 90-minute marks, while the other groups' levels remained stable.

There are several possible explanations for this result. Intense aerobic exercise strengthens the heart and lungs, and these two [illegible] organs (especially the heart) bear the brunt of the body's physiological stress response. It follows, then, that the more you exercise, the better these organs will respond under stress within reason, says Richard Cox, Ph.D., one of the study's authors. Another hypothesis is that high-intensity exercise requires all of your concentration, limiting your ability to ponder weightier matters, the way you can when you go for a bike ride or take a brisk walk. Finally, there is the belief that high-intensity exercise ups the release of endorphins, the feel-good hormones. The harder you exercise, the bigger the release.

It Worked for Her: When Nicole Wise, 48, of Stamford, Connecticut, was going through a painful divorce, many people advised her to do yoga. "I couldn't stand the slow pace," she says, "and it gave me way too much time inside my head—one place I really didn't want to be." Instead, Wise, who was already a jogger, decided to train for a marathon. "The sheer physical demands of training took all of my focus and gave me a total rush. Plus, so much of my life was out of my hands that setting a nearly impossible goal, and then accomplishing it, gave me a gratifying sense of control over my own destiny."

SURPRISE #4: DO SWEAT THE SMALL STUFF

Never mind that a veritable cottage industry has been created out of exactly the opposite advice. When you're hit with a major stressor—a bad medical diagnosis, job loss or a monster project at work—looking at the big picture can immobilize you. "The entirety of a situation can be overwhelming, which may mean you won't be able to take the necessary steps to strategize your way out of it," says Dr. Bostwick. "But if you break the situation down into component parts, addressing what you can do immediately and temporarily neglecting the rest, then you can get a handle on the stress."

It Worked for Her: When Lynn Morley, 34, of Belton, Missouri, is CONTINUED

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feeling so swamped by work that she barely knows where to begin or which project to make a priority, she simply jumps in and tackles one task at a time. This method helped save her when she was involved in a budget approval process for the first time. "I had never even seen a budget before," she says. "I didn't have a clue how to begin and thinking about how to put the whole thing together was just making me more stressed. But I've learned that most projects don't have to begin at the beginning, so I did what had worked for me in the past: I focused on one particular piece of the pie that I had all the information for. I just worked around that point until it was complete, and everything else started falling into place."

Relax for Your Own Good



Does your mind automatically race through your checklists in the rare moments when you have some downtime? You need to know about the rewards of relaxation. To find out why slowing down can be healthy, go to **WWW.LHJ.COM/RELAX**

SURPRISE #5. PROMISE YOURSELF A LAUGH

Laughter is a known stress reliever, but it turns out that *anticipating* a laugh gets the job done, too. In a recent study from Loma Linda University, in Southern California, participants who were told they would see a funny movie within three days showed a significantly greater sense of well-being than those who received no such promise. Participants' blood was drawn right before the movie: those who'd been expecting the hilarity had 27 percent more beta-endorphins in their blood. "These biochemical compounds are the body's own morphine," explains study leader Lee S. Berk, DrPH. "I call them 'happy juice.'"

While Dr. Berk has not specifically examined whether anticipating any pleasant occasion will alleviate stress, he admits that it would be logical to conclude as much. "If your biology interprets an event as pleasurable," he says, "then anticipation of it would probably have a similar calming effect." So pencil in a screening of *Blazing Saddles*, make a date with a funny friend or take the latest David Sedaris book to work for lunchtime reading. Even if any or all of them end up being canceled, you'll have scraped some stress relief.

It Worked for Her: "I'm Miss Celebration," says Melany Farr, 46, of Las Vegas, Nevada. "I'll throw a party for anything, even Groundhog Day, because I like looking forward to good times. Then if something negative happens, I tell myself, 'Oh well. I have that really fun thing coming up,' and that helps me get through it."

SURPRISE #6. ROCK ON

Think the gentle, New Age strains of Yanni will soothe the savage beast that rages inside? Only if he happens to be your favorite musician. You're better off with the Rolling Stones, Shakira, Maroon 5, a John Philip Sousa march or the *Rent* original-cast album—in short, whatever lights your fire. And blast away as loud as you like. The stress relief lies not in the nature of the music itself but in the fact that you've chosen it. In a recent experiment, Karen Allen, Ph.D., a research professor at the State University of New York at Buffalo, found that the classical instrumental songs on a CD called "Stress-busters"—which had been selected especially for their supposed stress-relieving qualities—were less effective in reducing blood pressure and perceptions of stress in subjects asked to perform a difficult task than was music chosen by the subjects themselves. Even the ethereal "Pachelbel's Canon" was less calming than the subjects' own picks.

Two factors are most likely at work here. First, the subjects made their own choices, and second, they were hearing music that was pleasing and familiar to them. "Self-selected music may have made them feel better able to perform the stressful task because of the music's past association with positive performance," says Dr. Allen. In addition, a 2003 study at the California Institute of Technology showed that listening to favorite tunes activated areas of subjects' brains associated with rewards or pleasure. So if the Stones are what bring you satisfaction, play them long and loud to get those stress levels down.

It Worked for Her: When the going gets tough, Liz Holzemer, 40, of Highlands Ranch, Colorado, blasts Van Halen, Aerosmith and Lynyrd Skynyrd. "To purge my stress, I want to raise my heart rate and pump my adrenaline," Holzemer says. "Hard rock lends itself to that better than anything else I know."

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so, you may have painful neuropathy, also known as nerve pain. This type of pain is different from musculoskeletal nuscle or joint) pain, and may need a different type of treatment. Only Lyrica (pronounced LEER-i-kah) is FDA-approved o treat two of the most common types of nerve pain, Diabetic Nerve Pain and Pain after Shingles. Lyrica is specially esigned to provide the relief you need. It works on the nerves that cause this pain. So you can start to think about ther things besides your pain. Ask your doctor if Lyrica can help. Lyrica is one of several treatments for you and your octor to consider.

rescription Lyrica is not for everyone. Some of the most common side effects of Lyrica are dizziness and leepiness. Others are dry mouth, swelling of hands and feet, blurry vision, weight gain, and trouble concentrating. ou may have a higher chance of swelling or gaining weight if you are also taking certain diabetes medicines. And, f you drink alcohol or take medicines that make you sleepy, you may feel more sleepy when you start Lyrica. You hould not drive a car or work with machines until you know how Lyrica affects you. Tell your doctor about any hanges in your eyesight, muscle pain along with a fever or tired feeling, or skin sores due to diabetes. Also tell your loctor if you are planning to father a child. If you have had a drug or alcohol problem, you may be more likely to nisuse Lyrica. You should talk with your doctor before you stop taking Lyrica or any other prescription medication.

Please see important product information on adjacent page.

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IMPORTANT FACTS

LYRICA® PREGABALIN capsules (LEER-i-kah)

IMPORTANT SAFETY INFORMATION ABOUT LYRICA

LYRICA may make you feel dizzy or sleepy.

- Do not drive a car, work with machines, or do other dangerous things until you are sure you will be alert. Ask your doctor when it is okay to do these things.

LYRICA may cause problems with your eyesight, including blurry vision. Call your doctor if you have any changes in your eyesight.

ABOUT LYRICA

LYRICA is a prescription medicine used to treat:

- Nerve pain from diabetes
- Nerve pain that continues after the rash from shingles heals

This pain can be sharp or burning. It can feel like tingling, shooting, or numbness. Some people taking LYRICA had less pain by the end of the first week. LYRICA may not work for everyone.

WHO IS LYRICA FOR?

Who can take LYRICA:

- Adults 18 years or older with nerve pain from diabetes or after shingles

Who should NOT take LYRICA:

- Anyone who is allergic to anything in LYRICA

LYRICA has not been studied for nerve pain in children under 18 years of age.

BEFORE STARTING LYRICA

Tell your doctor about all your medical conditions. Tell your doctor if you:

- Have or had kidney problems or dialysis
- Have heart problems, including heart failure
- Have a bleeding problem or a low blood platelet count
- Have abused drugs or alcohol. LYRICA may cause some people to feel "high."
- Are either a man or woman planning to have children or a woman who is breast-feeding, pregnant, or may become pregnant. It is not known if LYRICA may decrease male fertility, cause birth defects, or pass into breast milk.

Tell your doctor about all your medicines. Include over-the-counter medicines, vitamins, and herbal products. Tell your doctor if you take:

- Rosiglitazone (Avandia®)* or pioglitazone (Actos®)** for diabetes
- Narcotic pain medicines such as oxycodone, tranquilizers, or medicines for anxiety such as lorazepam
- Any medicines that make you sleepy

POSSIBLE SIDE EFFECTS OF LYRICA

LYRICA may cause serious side effects, including:

- Dizziness and sleepiness
- Eyesight problems
- Weight gain and swelling of hands and feet. Weight gain may affect control of diabetes. Weight gain and swelling can be serious for people with heart problems.
- Unexplained muscle pain, soreness, or weakness along with a fever or tired feeling. If you have these symptoms, tell your doctor right away.
- Skin sores. In LYRICA studies, skin sores were seen in animals but not in humans. If you have diabetes, pay extra attention to your skin. Tell your doctor about any skin problems.

The most common side effects of LYRICA are:

- Dizziness
- Sleepiness
- Swelling of hands and feet
- Blurry vision
- Weight gain
- Trouble concentrating
- Dry mouth

You may have a higher chance of swelling or gaining weight if you are taking certain diabetes medicines with LYRICA. Medicines that already make you sleepy or dizzy may make you feel more sleepy or dizzy with LYRICA.

HOW TO TAKE LYRICA

Do:

- Take LYRICA exactly as your doctor tells you. Your doctor may tell you to take it 2 or 3 times a day.
- Take LYRICA with or without food.

Don't:

- Do not drive a car or use machines if you feel sleepy while taking LYRICA.
- Do not drink alcohol or use other medicines that make you sleepy while taking LYRICA.
- Do not change the dose or stop LYRICA suddenly. You may have headaches, nausea, diarrhea, or trouble sleeping if you stop taking LYRICA suddenly.
- Do not start any new medicines without first talking to your doctor.

NEED MORE INFORMATION?

- Ask your doctor or pharmacist. This is only a brief summary of important information.
- Go to **www.lyrica.com** or call **1-888-9-LYRICA (1-888-959-7422).**

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GET WHAT YOU DESERVE!

So many women worry about being nice that they shortchange their own needs. Here, learn the keys to confidence



The year I turned 41 things were looking grim. I desperately yearned for a child but worried I was getting too old and, to make matters worse, I'd just gotten divorced. Work was going badly and even my winter jacket was threadbare. There were many sleepless nights when I wondered where I'd find the money to pay my rent.

But within the next few years, thankfully, my luck changed. I met and married a wonderful man—a widower with a 3-year-old child whom I now call my own. I cowrote three successful books. And along the way I even managed to acquire a new coat. Now, when I look back on that period in my life, I am convinced that what kept me going through it all was my unwavering, gut-level belief that I absolutely deserved to get everything I wanted. I never lost what experts call a "healthy sense of entitlement."

The same, sadly, cannot be said for lots of other women. "So many women feel undeserving," says Ann Kearney-Cooke, Ph.D., coauthor of *Change Your Mind, Change Your Body*. "They think, 'I can get by with less—it's okay that I'm not paid what I should be or that my marriage isn't happy.' They simply accept that this is how their life is going to be." Feeling entitled, Dr. Kearney-Cooke believes, has gotten a bad rap, associated as it is with narcissists who think their every wish should be CONTINUED

By
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Love the skin you're in

others' command. "In fact, it's the basis for all good mental health," she says. "You have to believe that you're the writer of your own life script—that you can do something about an unhappy marriage, that there is another job out there for you if your current job isn't working out. To assume otherwise is to undermine your chances of ever getting what you need."

An innate sense of entitlement has served Mary Semjen, 41, well throughout her life. As a girl growing up in a working-class area of New York City, Semjen, now a homemaker in Hingham, Massachusetts, dreamed of one day living in a better neighborhood. After college she snagged a well-paying job as an accountant with an up-market clothing manufacturer. "The other women in the office wore designer outfits and had parents who'd helped them get their jobs," says Semjen. "Fortunately, when I went in for the interview, it never occurred to me that there was a better candidate for the position." Semjen may have had luck on her side when she got her position in spite of her lack of connections, but even if she hadn't been offered that job, she would have gone after another. "My attitude was that I am a good worker and an employer should be happy to get me," she says.

Semjen's experience exemplifies the role that self-assurance plays.

RESEARCH SHOWS JUST HOW BADLY WOMEN WANT TO BE LIKED—AND HOW LIKELY THAT DESIRE LEADS TO BAD CHOICES

say experts. "If people feel entitled to be happy, they'll persevere," says Kennon M. Sheldon, Ph.D., an associate professor of psychology at the University of Missouri. "Timing and good fortune enter into the equation, but by and large how our lives turn out is up to us."

Even I, however, am not enough of a Pollyanna to deny that life sometimes throws curveballs that we can't avoid. The loss of a job or a marriage or the death of a family member are genuinely traumatic events that you cannot simply will yourself to get over. It's natural for someone who's suffered tragedy, rejection or just a slew of bad luck to be skittish about putting herself out there and starting fresh. It's absurdly trite to urge someone to take the lemons life hands out and make lemonade, yet setting goals and applying yourself toward achieving them *are* the best ways to overcome a setback. From Abe Lincoln to Bob Woodruff, American folklore is rife with tales of everyday heroes who persisted and triumphed despite long odds. "There's no quick-fix method to turn an unsatisfying incident right-side up, but if you keep putting in the sweat equity, you'll eventually see results," says Dr. Sheldon. "When we study why some people say, 'This is what I want' and go get it, and why others seem incapable of doing that, it comes down to two factors: whether someone believes she deserves to have what she wants and whether she's willing to work for it, regardless of the obstacles."

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Are you your own worst critic? Take our quiz to find out if you need to be kinder to yourself. Go to **www.lhj.com/critic**

What is it, then, that keeps so many women—smart, funny, talented women—from pursuing their dreams? Why are they so willing to say "sold!" to the lowest bidder? Peggy Shapiro, 50, a graphic artist from Chicago, ticks off a yard-long litany of the ways in which she's a stand-in for her worst enemy. "I hear what other artists get and I know my hourly rate is too low," she says. "Clients will say, 'I need this today,' and a smart person would add a rush charge." She pauses, then laughs ruefully. "Not me."

What gives? Part of the answer comes down to hardwiring. Some people are simply born shy and others are born confident. But if nature is important, nurture—as well as our instincts toward *nurturing*—plays an equally crucial role. Women are still conditioned not to put themselves first—to forgo a promotion because it might hurt a coworker's feelings, to give 120 percent of their energy to their husbands and kids rather than make time for hobbies. "Most men are raised with a sense of entitlement, while women are taught to be caregivers," says Dr. Kearney-Cooke. "How can you make your own needs a pri-

CONTINUED

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Take Care.

oh Jessica Parker is wearing Acorn #60.

ority if you're taught to put everybody else's first?"

Ample research also reveals just how badly women want to be liked—and how likely that desire is to lead to bad choices. "In studies where men are asked to negotiate salaries, they'll say, 'This is what I'm worth,'" explains California psychologist Lois P. Frankel, Ph.D., author of *Nice Girls Don't Get Rich.* "Women, on the other hand, tend to accept what they're offered. They don't want to play hardball because they're afraid the boss will think they're not nice." Plenty of women suffer from fear of confrontation or could use a course in assertiveness training. But the paramount reason that women don't stand up for themselves, says Dr. Frankel, is fear of damaging a relationship. Shapiro confesses that one reason she doesn't raise her rates is that she doesn't want clients to view her as "unreasonable." (Culturally, of course, she's not wholly off base: Women, after all, are often excoriated for employing the same hard-nosed tactics that are applauded in the Donald Trumps of the world.)

While women don't have a lock on denigrating our self-worth, we do seem to excel at it. "In research about whether people believe their achievements are the result of ability or just random chance, women tend to 'explain away' their success," says Dr. Kearney-Cooke. "If you compliment a mother on how high-

WHEN WE DENIGRATE OUR OWN ACCOMPLISHMENTS, WE DON'T HONOR OUR TALENTS—AND NEITHER DO OTHERS

achieving her children are or an entrepreneur on the success of her business, she's likely to say, 'I'm just blessed to have good children' or 'I lucked out with my new company.' Those women are not owning their success. Talking about yourself with pride and passion inspires other people to do likewise." Conversely, Dr. Kearney-Cooke says, when we characterize our accomplishments as inconsequential ("oh, it's nothing") or, worse, accidental ("the god smiled"), we don't honor our talents and neither do others.

Hard-earned success begets more of the same, notes David Dunning, Ph.D., a professor of psychology at Cornell University and the author of *Self-Insight: Roadblocks and Detours on the Path to Knowing Thyself.* "When people reach goals because they worked for them, they're more likely to persevere," he explains. "They know what they did to make those good things happen and that effort makes them feel they deserve the good things. This sense of being deserving, in turn, gives them confidence that they can make the good things happen again." The reverse, Dr. Dunning says, is also true. He offers the example of a college student who got a good grade on an exam despite not studying for it. "She knows she didn't really deserve the good grade, so she's going to feel a lot less confident that she can do well on the next test," he says. "That student may even feel so undeserving and insecure about her ability to repeat her good fortune that she will sabotage her chances the next time around by studying even less or partying the night before."

As countless books and movies testify, following a dream is rarely easy. But that should not dissuade anyone from trying. In my own case, I did feel entitled to a family, but finding one was hard work. I went on countless blind dates, endured one boring, frustrating evening after another. Unable to bear children and increasingly doubtful that I'd find a husband to help me raise an adopted child, I was trying to figure out how I could do it alone. Yes, I was blessed that a friend met my now-husband at a party and introduced us. It was a further, almost unimaginable, blessing that he came with a ready-made daughter, my beloved Alliana. But just before I met the two of them, my longing to be around children had propelled me to start doing art projects with a group of local foster children. Today those efforts have morphed into a small charity that mentors 400 foster kids throughout New York City.

I like to say that starting this charity, Foster Pride, was a happy accident—a way to fulfill my own need that has ended up helping others in the bargain. But in truth, it wasn't accidental at all. I made a decision to go after my dreams, even though they took me in a direction I would never have foreseen. I staked a claim on what I wanted, because I never doubted that I was worth it.

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The Pursuit Of Happiness

Plain old happiness is overrated. Find out what *really* makes life sweet

A man once told me that he'd broken up with his fiancée because she didn't make him happy enough. Mind you, he was happy with her, it's just that she didn't make him as happy as he felt a future wife should.

Obviously, this says more about the man—and his level of maturity—than it does about his ex-fiancée or marriage, but it does give memorable insight into how some people view happiness: He seemed to believe his happiness was dependent on the people, things and circumstances that surrounded him. It's as if he believed the things outside of him were responsible for making him happy.

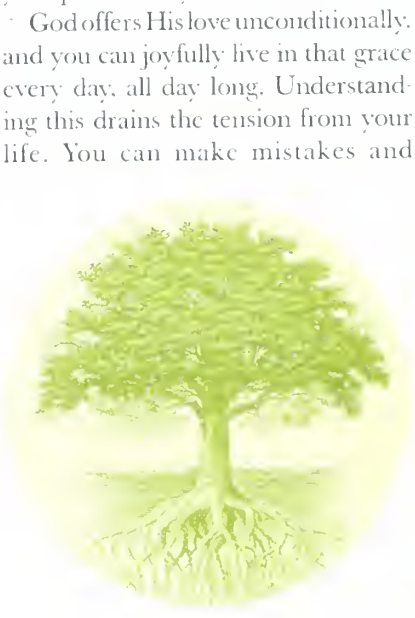
Yet the Bible teaches that we should live above our circumstances, even when they're positive and pleasant. In essence, the Bible says don't settle for happiness—aim for joy. Joy comes from within. Joy is not dependent on the people in your life or the possessions you accumulate or what's happening in your life.

God knows we will find joy, even in the most difficult of circumstances, when we trust that He is in control and working to use the good—and the bad—of our lives for a greater purpose. Joy provides you a certainty of [illegible] hopeful future.

The apostle Paul understood this, writing about joy while in prison, chained to a guard, alone in a foreign city: "Whatever happens, dear brothers and sisters, may the Lord give you joy. . . ." Paul suggested there are two keys to transforming mere happiness into a deeply felt, ever-present joy.

First, live each day by grace. Grace means you don't have to earn God's love and you don't have to earn His approval. And here's some joyful news: If you don't have to earn God's love, then you don't have to earn anyone else's love, not from your spouse, your children, your in-laws, your parents or your friends.

God offers His love unconditionally, and you can joyfully live in that grace every day, all day long. Understanding this drains the tension from your life. You can make mistakes and know that you're still loved by God.



Second, stay focused on what's really important. There are a lot of little things that can steal your joy, but only if you let them. Jesus taught this: "There is far more to your life than the food you put in your stomach, more to your outer appearance than the clothes you hang on your body."

My sister, Chaundel, thought about this Bible verse back in 1986, when she learned her house in Marysville, California, was under nine feet of water. She'd spent the entire day cleaning her house, and then went out to dinner with her husband, Tom. During dinner, the local levee broke and flooded the area. Even in her grief, she joked, "We drove our Chevy to the levee, and the levee was dry."

Looking back on that time, Chaundel says, "God taught us that such a loss really makes you think about what's important and what's going to last. For instance, our possessions were wiped out in a matter of minutes, but we were reminded that, even though we'd lost all the pictures of our 16-month-old baby, the important thing is that Ryan was alive and well. Within a year our house was rebuilt, but we could never replace each other."

Frankly, happiness is overrated. Joy is often forgotten, yet it will stabilize your life as you embrace grace and focus on the things that are truly important, moving a bad-hair day down the list and relationships up to the top. No matter what happens, may God give you joy.

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Patricia's Pick

Feed Your Skin



Liquid hand soap is one of life's little pleasures, and Dial's Yogurt Aloe Vera Nourishing Hand Wash, $2.29 doesn't disappoint. The sleek bottle looks so pretty on my sink, the scent is clean and refreshing and, better yet, the soap's yogurt proteins—natural moisturizers now making their way into skin-care products—leave my hands softer than they've ever felt. Also available in Vanilla Honey . . . *yum!*



Beauty Director Patricia Reynoso



On-the-Go Teeth Whitening

Brightening your smile at home is simple, fast and—compared with the price of a professional treatment—affordable. But if you've steered clear of at-home teeth whitening because using the strips seemed like too much trouble, then you're in luck. Listerine's Whitening Quick-Dissolving Strips, $23.99 for a two-week kit, melt right on your teeth within 10 minutes, and since there's no rinsing or brushing afterward, you can whiten anywhere—even when you're in your car as you drive to the mall. They leave a minty taste behind that will make you smile!



INDULGENCE

Clever Compacts

Makeup compacts of the future have arrived! Thanks to oversize mirrors that tilt and spin a full 360 degrees, you can say good-bye to squinting and craning your neck for the perfect view. Find this nifty new type of mirror in:

•**Lola Laptop Crème Color To Go,** $38 (pictured), delivers fun essentials, such as four cream-to-powder eye shadows, two lip glosses and a highlighter.

•**NYX Cosmetics Black Label Compact,** $25, a mineral-based face powder, is chemical- and preservative-free, making it ideal for all skin types, even redness- or acne-prone skin.



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To Curl or Not to Curl?





THAT WAS THE QUESTION FOR OUR BEAUTY DIRECTOR, [illegible] REYNOSO. SHE [illegible] TO GIVE HER [illegible] A CHANCE

When I was little, my mother would set my curly hair with giant rollers on Saturday mornings and sit me under the bonnet hair dryer she'd set up on the kitchen table. If I dared to complain about the tug of the rollers or the heat of the dryer, she would remind me that pretty (meaning straight) hair required fixing. Who was I to disagree?

It was around my 12th birthday that she declared I was capable of straightening my own hair—so I did. In fact, the entire process—now consisting of a blow-dryer, round brush and, at times, a flatiron—felt so natural that I never considered letting my curls just be.

Recently, though, I found myself studying the curly manes CONTINUED

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Where to Find It, page 258

of certain celebrities, such as Sarah Jessica Parker and the singer Shakira. And at home I was mesmerized by the bounce of my 6-year-old daughter's ringlets and thought, *I wish I had curly hair.* But hold on a minute . . . I did! I just didn't know how to style it. My earlier attempts had all resulted in an undefined, frizzy mop that I would immediately slick back into a ponytail.

My curiosity landed me in the care of Michelle Breyer and Gretchen Heber, founders of NaturallyCurly .com. Frustrated by the lack of styling information for stylish curly-haired women like themselves, this duo from Austin, Texas, launched their Web site. Today they have 7,000 hits daily and offer nearly 500 products.

"By and large, curly hair is considered something that needs to be 'fixed,'" says Heber, echoing my mother's famous edict. Many hairstylists aren't trained to work with the special qualities of curly hair, she adds, including its fine, dry texture, so the curly-haired are usually encouraged to go straight. But the last five years have been good to them: Many product lines now cater specifically to curls and more and more "curly hair" salons have opened nationwide.

NaturallyCurly.com taught me that curls, just like skin, fall into different types. According to its classification system I'm a 3B, which means that I have bouncy ringlets and tight corkscrews, and that I should stick to extra-hydrating products. Armed with the appropriate styling tips for my curl type, I was well on my way.

Here's what I did, and you can, too.

Shampoo sparingly and condition thoroughly

I shampoo just twice a week, so I was already on the right track. (Shampooing daily robs curls of moisture, leading to frizz.) Also, since I highlight and heat-style my hair, I've always used rich conditioners. *Phew!*

Add even more moisture

At this point I would have normally reached for my round brush and blow-dryer. Instead, I followed Heber and Breyer's advice and coated my sopping wet hair with a moisturizing pre-styler to help quench any frizzies.

Try: (1) Curlisto Structura Lotion, $10, or Curly Hair Solutions Curl Keeper, $14

Activate your curls

I learned that my curls would benefit from a curl cream (for mild hold) or gel (for stronger hold). I ran my chosen styler through my hair section by section to ensure that every strand was coated.

Try: (2) AG Hair Cosmetics re:coil Curl Activator, $17, or (3) Pantene Pro-V Curl Defining Scrunching Gel, $3.99

Clip . . .

Once my hair was treated, I lifted and clipped sections at the crown of my head for extra lift. Also, since curls tend to shrink as they dry, I placed a few clips at the ends to stretch my hair out. I was amazed by how well that worked.

Try: (4) Devachan DevaClips, $5 for a small tin

. . . and Dry

I knew that diffusers use gentle heat to dry curls but I had never put one to the test. My techno-savvy 6-year-old son helped me attach the (5) Sedusa Hair Diffuser, $54.99, to my blow-dryer and watched as I placed my hair into the bowl-like contraption. Minutes later we were awed by my soft, frizz-free curls. I ran pomade along my hairline for added shine.

Also try: Devachan DevaFuser and DevaSun Dryer, $185, a hand-shaped diffuser (ideal for drying near the scalp) and ionic blow-dryer duo; (6) Redken Water Wax 03, $15.95

A few months have now passed since my curl enlightenment, and I can't believe that I ever denied myself such styling options. Better still, I'm proud to be following my daughter's advice, which she delivered one day as we were discussing our joint destiny as curly girls. "Mama," she said, "you have to be who you are." Finally, point taken!

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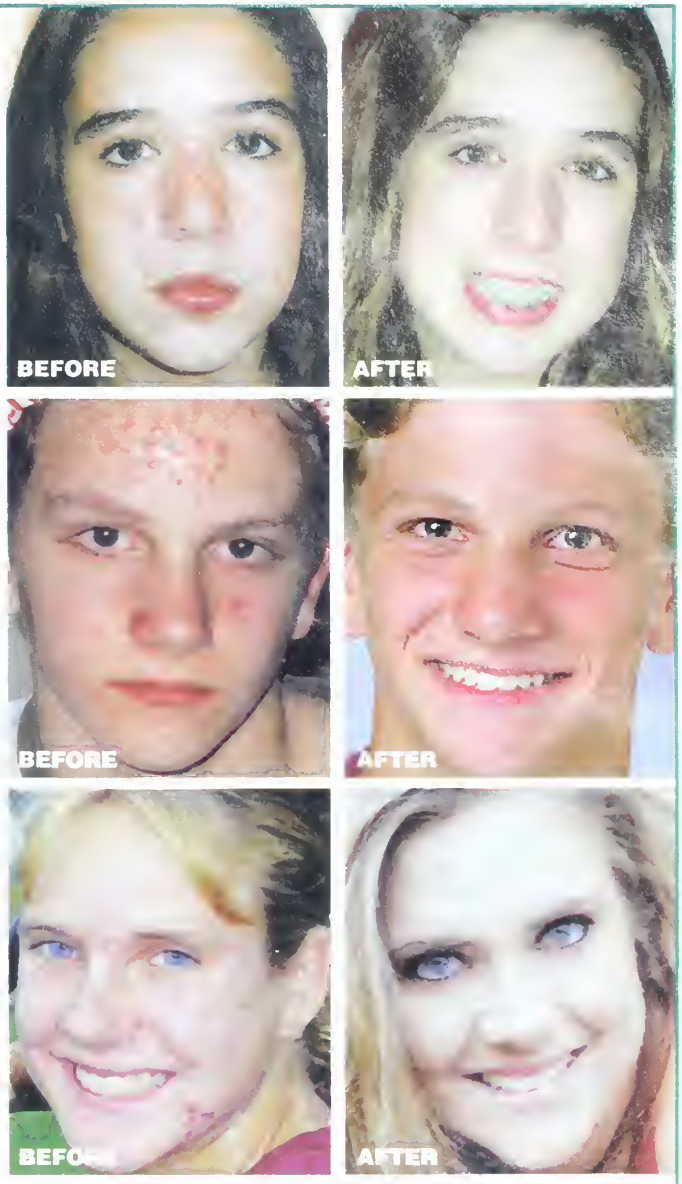
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GUTHY RENKER

WAKEUP MAKEUP

AFTER



BEFORE

Want to look bright-eyed and energized? So did this busy mother of three. We show you how to do it, in five minutes flat

"Lately, my face needs more than just skin-care products to look good," 40-year-old Stacie Paré told us. A stay-at-home mom in Columbia, Maryland, Stacie homeschools her three children and coaches their swimming and basketball teams while training for triathlons herself. Stacie's schedule doesn't give her much free time to primp, so we wanted to teach her some quick tricks that help fake a little beauty sleep.

No makeover is complete without a hair transformation, so we also fulfilled Stacie's request for a new cut and color to cover her gray. "I don't mind that the gray makes me look a certain age but I do mind that it makes me look as though I need a nap!" Stacie joked.

We took Stacie to the Rita Hazan Salon, in New York City, for a lesson with makeup artist Ramy Gafni, a cut from stylist Eugene Toye and color services from salon owner (and celebrity colorist) Hazan herself. CONTINUED

YOUR 5-MINUTE FACE



◀ Prescriptives Virtually Fresh Skin Refining Makeup SPF 15, $32.50, is an oil-free foundation that provides weightless coverage.

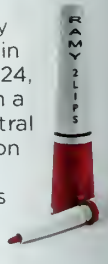
▶ Ramy Beauty Therapy Blush in Alive!, $19, is a peachy bronze shade that brightens both cheeks and lids.



▶ Wet n Wild 3-of-a-Kind Twist-Up Stick in South Beach, $3.99, is a bronzy cream highlighter that adds warmth to lids, cheekbones and lips.



▶ Ramy Beauty Therapy 2Lips in Kiss and Tell, $24, multitasks with a shimmery, neutral berry lip liner on one end and matching gloss on the other.



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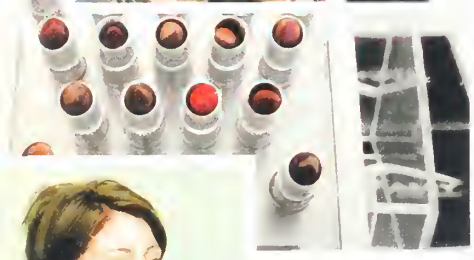
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L'ORÉAL
PARIS

6 Steps to Wake Up



1 "Concealer will hide any darkness and redness and make you look more awake," Gafni (left) promised Stacie as he blended a moisturizing concealer under her eyes and on her lids. "Wow! It makes a huge difference!" Stacie exclaimed.



2 Gafni also evened out the redness on Stacie's cheeks with lightweight foundation. "I can't even feel it," she remarked with surprise.



3 Next, Gafni swept a bronzer with peach undertones on the apples of Stacie's cheeks to warm her skin tone. He also applied the same color to her lids, noting how "peach really makes Stacie's blue eyes pop."





4 Taupe cream shadow along her creases and eyeliner in the same shade on her top lash line further enhanced Stacie's eyes. Gafni told Stacie that she could soften the color with a cotton swab. "The line doesn't have to be perfect," he noted.



5 "Stacie has nice lashes, but they are very light," said Gafni. He applied two coats of black mascara on the upper lashes, which instantly defined and opened up her bright blue eyes.



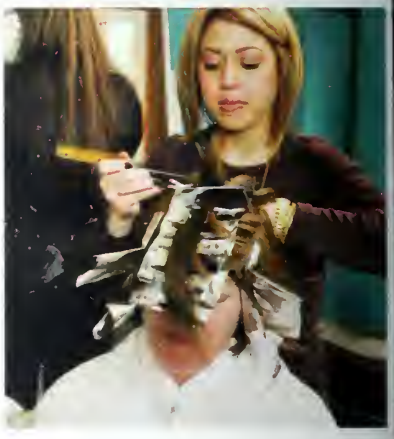


6 Stacie's regular matte pink lipstick looked a little old-fashioned, so Gafni replaced it with a shimmery berry lip gloss and matching liner. "The juicier texture is more youthful and the color is more sophisticated," said Gafni.

–Erica Metzger

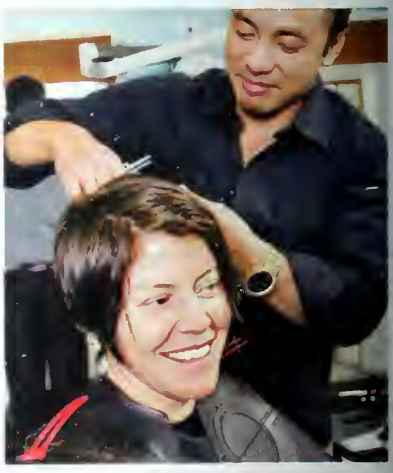


From Gray to Great



"Stacie's washed-out color and gray roots make her complexion more sallow," assessed Hazan (above). She warmed Stacie's base color to a light golden brown, then topped it with honey and caramel highlights. "The color is rich and wonderful," Stacie noted.

Stacie's bob made her thick, unruly hair harder to manage. "Women with extra body shouldn't wear their hair big and boxy," said Toye (below). He thinned down the bulk in the back and added more layers up front to create sexy movement. Stacie was thrilled: "The cut is fabulous."





suzi

veiss-fischmann

THE FIRST LADY OF NAILS

i Weiss-Fischmann is the co-owner and artistic
tor of OPI Products Inc. Fall is her time to recharge
get ready for a new season of fashion, creative
challenges, and family activity!

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RUSSIAN

COLLECTION BY OPI



A SEASON OF OPULENCE

This fall promises to be one of the most beautiful in terms of fashion. Luxurious fabrics – like cashmere, satin and velvet – simple, ladylike silhouettes, and rich accessories (jeweled closures on handbags and faux fur on hemlines and cuffs) make this a season of modern opulence. And the colors of the **Russian Collection by OPI** capture the trends of the season perfectly. Inspired by the aristocratic elegance of Russia's past, these colors for nails and lips are sophisticated, sumptuous, and magnificently modern. And who couldn't use a touch of opulence in her life?



Left to right, top row: Cosmo Not Tonight Honey! Kreme de la Kremlin, Ruble Your Thoughts, An Affair in Red Square, Vodka & Caviar, Bears & Natasha
Bottom row: Midnight in Moscow, St. Petersburg and, Catherine the Great, Suz Sang Out!, Siberian Nights, Russian Navy, Suzi's [illegible]
Lip Colour and Lip Liner

Contains no DBP, Toluene, or Formaldehyde
Nail Lacquers feature OPI's exclusive ProWide™ Brush
Model is wearing [illegible]



AHH-MAZING SILKY SKIN!

My favorite ways to get soft, silky skin are with Avoplice Skin Quenchers lotions in new **Orange Almond Juicie** (bright orange with a touch of almond essence) and **Japanese Garden Juicie** (exotic notes of rose, violet, and clean woods). Each is filled with natural moisturizers and smells wonderful!



suzi's

Must-haves for Fall

A fitted dress in darkest blue (the new black!); vintage pumps; a touch of faux fur; more time to help her kids with their homework; a romantic weekend getaway with her husband!

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O·P·I

Nail It!

THESE SIX MANICURE TOOLS ARE ALL YOU NEED FOR A PROFESSIONAL LOOK RIGHT AT HOME













1 Clip 'Em!

Nothing ruins the look of your hands like uneven nails, so trim super-long and jagged ends with a nail clipper. **TRY:** Revlon Expert Effect Nail Clip, $2.99, with cushioned grips for less risk of slipping.

2 File Away

A file shapes nails and fine-tunes the work of the clipper. Look for one made from ground crystal, which has a finer grit than an emery board or metal file. **TRY:** LaCross Crystal Nail File, $8.95, made of strong tempered glass.

3 Buff Up

Buffing smoothes the nail surface and creates intense shine, making it an essential part of the perfect manicure. **TRY:** Creative Nail Design Glossing Buffer Block, $5.50. Its green side evens out ridges, while the white, wax-coated flip side imparts shine.

4 Heal With Hydration

Moisturized nails are less likely to break, so hydrate yours with cuticle oil. Your hands will look prettier, too. "It's similar to the brightening effect that lipstick has for the face; cuticle oil does the same thing for your nails," says Suzi Weiss-Fischmann, executive vice president and artistic director of OPI. **TRY:** Sally Hansen Diamond Strength Cuticle + Nail Oil, $5.95, moisturizes with grape-seed oil.

5 Make Stick Sense

Pushing back the cuticles exposes more of the nails, making them look longer. Choose from metal, plastic or wooden sticks (which should have cotton-covered tips). "Wrapping the tip prevents cutting the tissue surrounding the nail," says Roxanne Valinoti, education ambassador for Creative Nail Design. **TRY:** OPI Reusable Cuticle Sticks, $2.95 for two plastic sticks.

6 Sanitize Sensibly

Even at-home tools need to be kept clean. Mild sanitizers don't contain the same powerful ingredients used by salons, but they will keep your tools pristine between manicures. **TRY:** SpaRitual Visionary Cleanser, $18, with juniper essential oil, an antiseptic. A few spritzes over your tools will keep them fresh.

—Mandy Hendrix

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OLAY

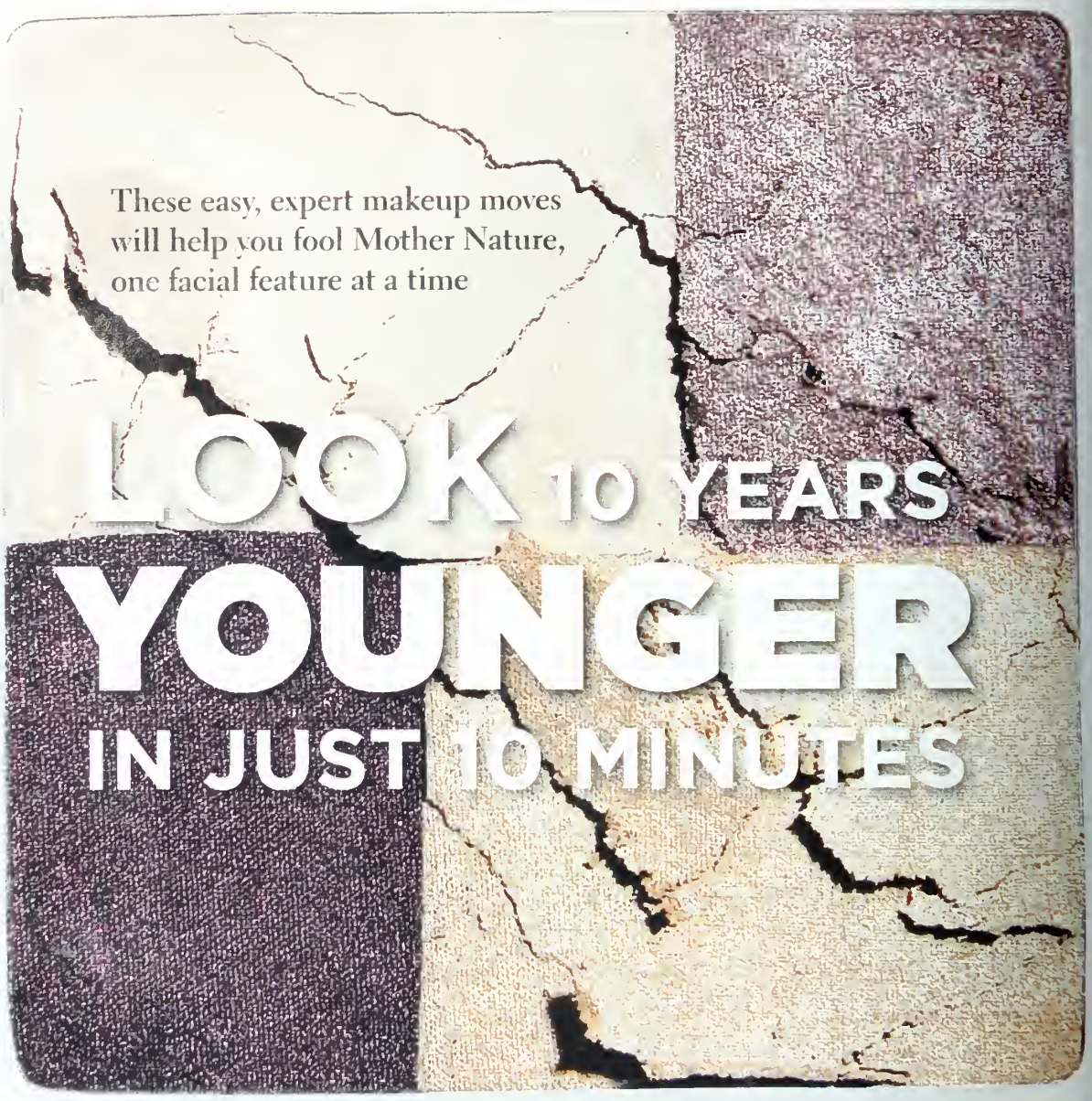


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Love the skin you're in.™



These easy, expert makeup moves will help you fool Mother Nature, one facial feature at a time

LOOK 10 YEARS YOUNGER IN JUST 10 MINUTES

There's plenty to love about being on the other side of 40: increased confidence, courage and grace. But, let's be honest: It's no fun to find that your tried-and-true beauty routine doesn't quite cut it anymore. The products, techniques and colors that used to polish us up oh so perfectly no longer get the job done. And though your instinct may be to use more of everything, what your more-mature skin and facial features really need is a new approach, one that doesn't have to take a lot of time. In just minutes, the characteristics of a young-looking face—big eyes, high brows, defined cheekbones and pouty lips—can be yours again.

FACING FACTS

1. Brows: You're not imagining it—your brows *have* gotten thinner because all hair thins with age. The brow itself might also sit lower on your face because the loss of collagen and elastin (proteins that help keep skin firm) causes sagging.

2. Upper lids: Don't be surprised if your eyes remain puffy long after you've woken up. Everything from decreased circulation to loss of elasticity (more side effects of aging) is to blame.

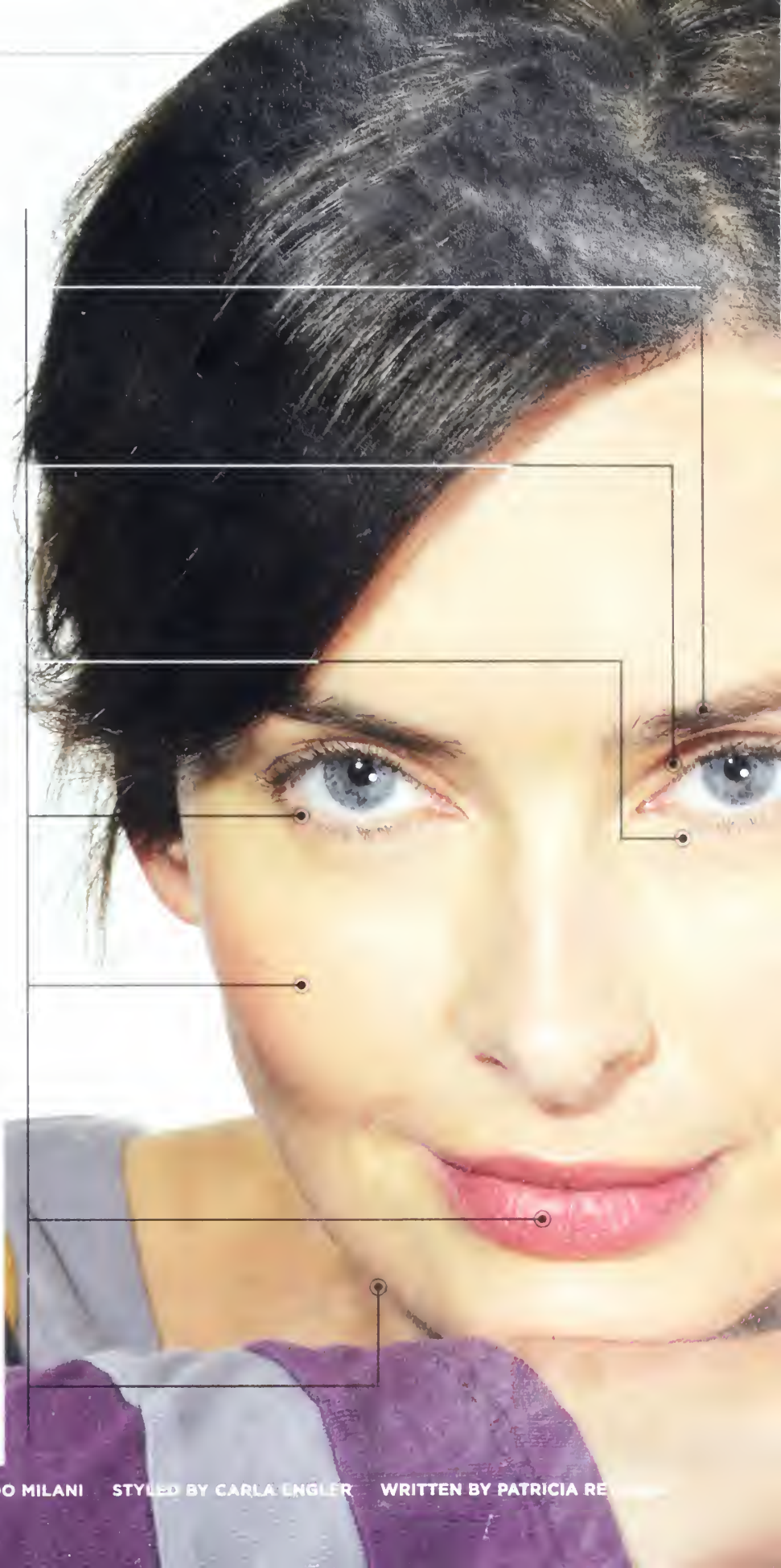
3. Under eyes: Dark circles, already annoying, get darker with time. Likely culprits: thinning of the skin, which brings the veins closer to the surface, and the disappearance of the fat pads that sit below the eyes, which cause shadows to reflect off the hollows, darkening the area.

4. Lashes: You guessed it. Lashes become skimpier and wimpier.

5. Skin: Wrinkles set up permanent camp on your face, especially near the eyes, on the forehead and around the mouth. Your skin is likely drier, too, because of reduced oil production and hormonal fluctuations. Years of sun exposure has damaged your melanocytes, the skin cells that produce melanin, resulting in uneven pigmentation and dark spots. Finally, a slow-down in cell turnover leaves you with a pileup of dead skin cells and duller, rougher texture.

6. Lips: Our lips' natural fullness becomes a distant memory, and the lip line loses definition owing to sun damage and loss of elasticity. Also, some women develop vertical lines etched around the mouth.

7. Jaw/neck: Gravity's pull, coupled with the loss of collagen and elastin, contribute to this loss of definition along the contours of the face.



PHOTOGRAPHED BY FERNANDO MILANI STYLED BY CARLA ENGLER WRITTEN BY PATRICIA RE

FACIAL SKIN

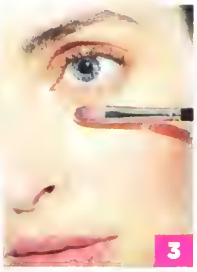


1. Because of its rougher texture, mature skin doesn't hold on to color for long, making primer a makeup essential. The newest formulas not only create a smooth surface that color can adhere to, but their light-reflecting particles instantly wake up a wan complexion. Spread it all over the face and let set.



2. Piling on a heavy layer of foundation or powder will only make lines and wrinkles stand out more. Instead, use a synthetic-bristle brush to concentrate coverage around key areas, such as on your nose, forehead and chin. This will give you a more-natural effect than slathering a thick coating over your entire face.

EYES





3. Concealer, applied from the inner corner to mid-pupil, brightens up the eye like nothing else. Start with three dots right near your tear duct and blend with your ring finger (which has less pressure than your other fingers) or a brush. Add more if necessary, but don't layer concealer over the lines near the outer corners of your eyes.

4. Time to define! Line your upper lash line with a richly colored liner—not black, which is harsh—but don't line underneath your eyes, as that will only make you look tired. Makeup artist Carol Shaw suggests keeping the line very fine. "A thick line will close up the eyes," she says. You have many liner textures to choose from, including a pencil (used here), cream liner or shadow applied with a brush.



5. Remembering that light-colored shadows attract light and dark-colored shadows absorb light takes the mystery out of eye shadow choice. For example, pinky or beige shadows on the lids direct the attention there, helping to brighten your eyes. Following with a dark shade—brown or gray will do—along the bone of your crease will help "firm" up a saggy lid. This trick is "like putting on black when you want to look thinner," says makeup artist Laura Geller.



6. A well-groomed brow is even more essential as we age. Fill in gaps using feathery strokes with a pencil that's a shade lighter than your brow hair, and avoid hard, drawn-in lines—or risk that Joan Crawford look! To further lift the eyes, experts recommend defining along the top part of the brow, starting a bit in from the inner edge and concentrating on the peak. Soften any lines with a cotton swab.

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CHEEKS & JAWLINE

7. Cheek color is so essential that it calls for two steps. Start with a cream blush in a shade that matches your skin's natural flush; a creamy texture is ideal for older, drier skin. Blend it with your fingers, keeping the color just on the apples of the cheeks.





8. Next up: powder blush. Go for a shade that's brighter than you usually wear for that extra pop of color that mature skin needs. Dusting it over the cream blush—with a brush this time—makes the look last for hours.

9. Makeup artists love contouring since it brings back the definition that makes you look polished and put-together. It's surprisingly simple, too. Take a darker foundation or powder and rub it along your neck and right underneath your jaw. The goal is to have the color emulate the natural shadow that's already there.



LIPS



10. As the lip line becomes less defined and tiny lines start to appear, lip liner—always a star player—really begins to earn its keep. But to avoid ring-around-the-lip, use a lip pencil in a sheer, glossy texture. The result is subtle and modern.



11. Beige and brown lipstick might look more natural, but it's the brighter shades (think cranberry and cherry) that really complement fading skin tones. Go for the sheerest texture you can find and dab it on with your finger for a pouty look



SHINE ON!
What do a bright lipstick with a hint of sparkle, face powder infused with shimmer and a tinge of glow all have in common? They can make you look years younger! Here's how: The sparkly particles illuminate your prettiest features subtly yet noticeably. Just make sure to keep it to just one feature at a time, or you'll risk looking like a disco ball!
HERE, SOME GREAT FALL FINDS:
(1) Benefit Sheer Cream Blusher in Hush! $18.
(2) Lorac Perfectly Lit Luminizing Oil-Free Powder in Luminous, $32.
(3) Lancôme Color Fever Lipstick in Fashion Crave Framboise, $24.
(4) Maybelline New York Define-a-Line Eyeliner in Rich Raisin, $5.55.

1
2
3
4



Enjoy the bright life! Getting older doesn't mean that you're stuck with bland lip colors. A vivid lipstick in a sheer and glossy texture (shown on our model here) takes years off.



LOOK YOUNGER: MAKE OVER YOUR MAKEUP BAG

WHAT TO TOSS:

•Anything with heaps of glitter: Subtle shimmer is flattering, but layering gobs of glittery makeup over wrinkles is the same as screaming, "Look at me! Look at me!" Not the effect you're looking for.

•Anything too chalky and dry: A soft, touchable texture is the key to making up a younger-looking face. So long dusty, chalky powder! It was nice knowing you, dry, matte lipstick!

•Anything in little-girl pastels: Still attached to the baby-blue and cotton-candy-pink palettes of your youth? Donate them to your daughter. Those colors might look young but that doesn't mean that they'll make you look younger.

WHAT TO ADD:

1. A lightweight foundation with good-for-your-skin ingredients. Try: Avon ANEW Beauty Age-Transforming Foundation SPF 15, $16.
2. A taupe blush for chiseling the edges of your cheekbones, jawline and neck. Try: MAC Powder Blush in Emote, $17.50.
3. An eye-shadow palette with a variety of light shades to highlight your lids and brow bone, along with darker shades for contouring your crease. Try: Bobbi Brown Stonewashed Nudes Palette, $50, or Sonia Kashuk Eye Palette in Perfectly Neutral, $12.99 (not pictured).
4. A brow pencil and brush duo that's a breeze to apply. Try: Prescriptives Groom Stick for Brows, $18.50.
5. A powder blush in a vivid shade that stays put. Try: DiorBlush in A Touch of Blush, $34, or Flirt! Peek-A-Blush in Crazy in Love, $12 (not pictured).
6. An ultra-glossy mascara that fattens skimpy lashes. Try: Lancôme Cils Design Pro Dual End Mascara, $35, or Prestige Lash Matrix Mascara, $5.95 (not pictured).
7. A primer that helps your makeup stay put. Try:



Benefit "That Gal" Brightening Face Primer, $27, which also adds a flicker of luminescence, or Revlon Age Defying Instant Firming Face Primer, $13.99 (not pictured).

8. A concealer that brightens and covers. Try: Maybelline New York Instant Age Rewind Double Face Perfector, $8.99, with a highlighter on one end and a high-pigment concealer on the other.

9. Your most important tool: a foundation brush. Try: Lancôme Foundation Brush #2, $32, with a tapered edge for precise blending.

10. A cream liner in an intense, eye-brightening jewel tone. Try: L'Oréal Paris HIP High Intensity Pigments Color Truth Cream Eyeliner in Teal, $12.

11. A cream blush that matches your skin's natural flush. Try: Almay Smart Shade Blush in Pink, $8.99.

12. A multitasking face powder that sets makeup and delivers a hint of glow. Try: Lorac Perfectly Lit Oil-Free Luminizing Powder in Spotlight, $32, or CoverGirl Advanced Radiance Age-Defying Pressed Powder, $6.99 (not pictured).

13. A lip liner in a gloss-like texture that defines without overpowering. Try: MAC Lipglass Pencil in Neutralzone, $13.50.

14. A bright yet sheer lipstick that takes the fear factor out of fall's intense shades. Try: Yves Saint Laurent Rouge Pure Shine Sheer Lipstick in Italian Cherry, $28, or Wet n Wild Wild Shine Lipstick in Jaded Shine, $1.99 (not pictured).

Bag LADY

WITH THIS SEASON'S NEW SHAPES, COLORS AND TEXTURES, YOUR TOUGHEST DECISION WILL BE TO CHOOSE A FAVORITE



1 The clutch is back, but now in oversize proportions it's perfect day or night. Forest-green patent leather makes this one from Nine West, $59, shiny and modern.

2 The practical "crossbody," popularized in the '80s, gets a makeover. This brown leather flap-front style with key charm detail from Fifty*Four by Fossil, $200, holds a lot without weighing you down.

3 This taller "shopper" with a handle from The Sak, $189, fits business papers or mom's essentials. We love its rich russet color, and the black patent leather trim means it goes with virtually every outfit.

4 This classic satchel from Banana Republic, $298, works especially well in a large size while luxe brown leather makes it one for your wish list.

5 In chocolate-brown patent leather, this oversize bag from Marc, $148, is the most accommodating laptop or overnight bag we've ever seen.

6 No matter your brand's arm candy, this [illegible] made it [illegible] versatile [illegible] leather [illegible] $168, [illegible]

WRITTEN AND STYLED BY SUE ERNETA


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WOMEN'S
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1 This oversize fold-over clutch from Maxx, $148, flips open to become a tote using hidden handles. And we really love the art deco patent detail.

2 Royal blue is a hot color for fall, and this mini crossbody bag from Sigrid Olsen, $98, is perfect for all your essentials.

3 Make a big impact with this slick candy-apple red tall shopper from Maxx, $195.

4 Retro styling works overtime in this modern black patent frame bag from Simply Vera Vera Wang, $55. The designer's new line for Kohl's brings Wang's unique look to suburban stores nationwide.

5 A satchel from Christian Livingston at Notanonymous, $100, showcases two of the season's top trends: patent leather detail and the color gray—today's newest go-with-everything neutral.



6 B. Makowsky's burgundy leather clutch, $128, which converts from envelope to handheld tote, keeps from being too cutesy thanks to the addition of a decidedly cool silver chain.

7 The frame bag gets current in slick teal patent leather from Liz Claiborne, $168.

8 Built for broad appeal, this roomy satchel from Boden, $148, looks rich and elegant in deep purple.

9 This shiny oversize pea-green bag from Big Buddha, $70, can fit enough for an overnight stay but is right for everyday commuting, too.

10 In navy satin with black patent trim, this shopper from Abaeté for Payless is one of our favorite bags of the season. And at $28, it's a steal!

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LHJ.com Handbag getting too heavy? Time to clean it out! Find out how at www.lhj.com/purse


OLAY
You can't stop menopause.
But you can have skin that looks too young for it.
New Total Effects Mature Skin Therapy. A VitaNiacin complex with added soy. For intense moisture to fight 7 signs of aging and the extra dry skin that goes along with menopause.
Love this skin you're in.
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It Starts With a Jacket...

... and finishes with you looking great in these versatile new shapes and textures—the key building blocks of a wow winter wardrobe

PHOTOGRAPHED BY DAVID BARTOLOMI WRITTEN AND STYLED BY CARLA ENGLER



Sharp-shouldered close-cut jackets are a neat reentry into fall. Think late 1940s and shapely, elegant Hollywood suits, and you'll get the idea. They complement your curves and look sophisticated with either a matching skirt or pants, or over a printed dress for a refreshing separates look we love. Opposite page: Jacket, $159, skirt, $69, both United Colors of Benetton. Blouse, Esprit, $119.50. Bracelets, Alexis Bittar. Bag, Banana Republic, $248. Tights, Hue, $11. Above: Jacket, Uniqlo, $39.50. Dress, United Nations Colors, $99. Tights, Via Spiga, $24. Shoes, Enzo Angiolini, $99.

The new blazer is beautifully colored, richly detailed and anything but preppy. This cream-and-chartreuse version looks casually cool and chic with cargo khakis; a plum sweater and a thin peacock-blue wool scarf add the finishing touches to the way we all want to look in our downtime. Blazer, J.Crew, $228. Sweater, United Colors of Benetton, $44. Cargo pants, DKNY Jeans, $69. Scarf, Bindya of New York at Pure Accessories, $138. Bracelets, Isaac Manevitz for Ben-Amun, $45 each.



Jacket shapes are still evolving in how to look totally feminine but modern from work to weekend. Inset: A soft, shirred-neck indigo tee is a romantic topper to slim Saturday jeans and a silk plaid blouse. Jacket, $78, blouse, $58, both Simply Vera Vera Wang. Jeans, Bisou Bisou for JCPenney, $44. Necklace, Roxanne Assoulin for Lee Angel, $180. Bracelet, R.J. Graziano, $75. Shoe boots, Payless, $29.99. Above: Be the architect of your own style in this classy, minimalist, boxy cream jacket with bold black buttons and a stand collar, plus slim black pants. The longer sweater balances out the proportions and makes the jacket look less formal. This outfit can go to dinner as easily as it can impress in the office. Jacket, Banana Republic, $168. Sweater, DKNY Jeans, $59. Pants, Uniqlo, $39.50. Bracelets, R.J. Graziano.

BEAUTY BONUS:
Fall makeup calls for a fresh face with little shine. Look for a mattifying gel, such as Pür Minerals Under Control, $18, with sebornormine to help reduce oil production on the skin's surface.



This soft, collarless cognac leather jacket closes just at the top for a cardigan-like effect. What makes the texture even richer is the gorgeous emerald-green turtleneck and brown tweed skirt that pair up so smartly with it. Jacket, $298, turtleneck, $58, skirt, $88, all Banana Republic.



Another example of how fashion is spicing up fall silhouettes: Gathered, belled, ruched, cropped and dropped sleeves are all making a showing. This one—a brown double-breasted, drop-shouldered, gathered tweed beauty—works wonderfully well over a maize-yellow wool turtleneck and brown flannel trousers on a chilly weekend. Jacket, Sisley, $229. Sweater, Liz Claiborne, $69. Trousers, Boden, $118. Top bracelet, $28, bottom bracelet, $30, both Liz Claiborne Jewelry. Bag, Banana Republic, $298. Scarf, Yseult Designs.



The swing jacket lets you make strategic moves with its vertical back pleat and roomy cropped shape. Whether you're in the market for a great new topper over trouser jeans for a casual day or a sumptuous texture to add dimension to a work look, this easy-to-wear style is one to remember. Left: Chocolate-and-navy sweater, Boden, $118. Blouse, Sisley, $74. Trouser jeans, Uniqlo, $39.50. Bracelet, Isaac Manevitz for Ben-Amun, $135. Tights, DKNY Hosiery, $12.50. Shoes, Banana Republic, $138. Inset: Faux-fur jacket, Sisley, $199. Cardigan, $115, sneakers, $115, both J.Crew. Turtleneck sweater, DKNY Jeans, $49. Necklace, $165, bracelets (from left), $95 and $75, all R.J. Graziano.

BEAUTY BONUS:
Love your shiny hair color? Keep it that way with John Frieda Luminous Color Glaze, $9.99, with five shades for blondes, brunettes and redheads. Or try Luminous Color Glaze Clear Shine, $9.99 for super-lustrous strands sans color.

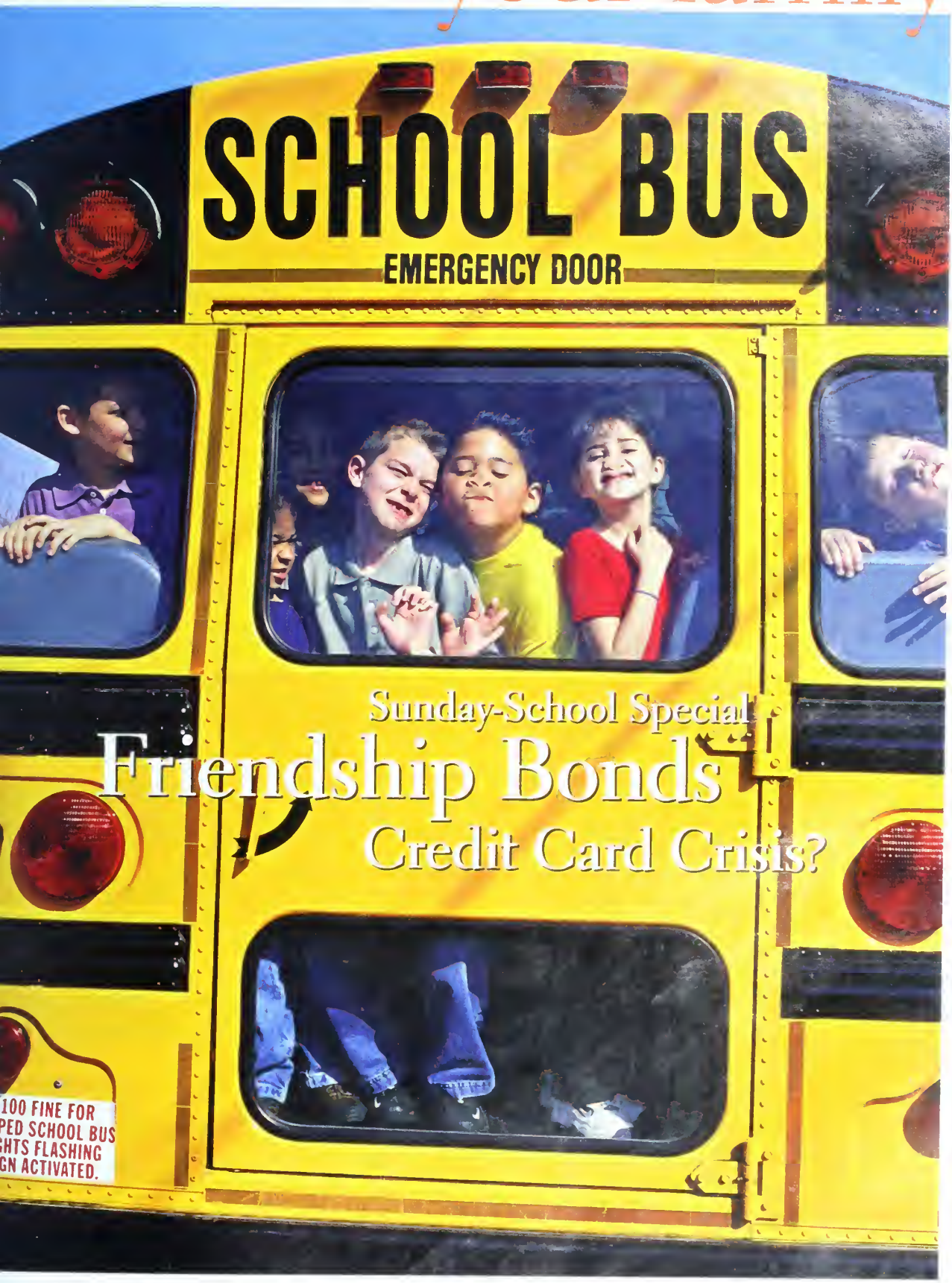
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Friendship Bonds

Credit Card Crisis?

can this marriage be saved?

by MARGERY D. ROSEN

"We Almost Lost Our Marriage to Hurricane Katrina"



Her turn: "We made it through the worst part," said Sue, 33, an office manager who, with her husband of five years and their three children, had to evacuate their New Orleans home when Hurricane Katrina slammed into the city in late August 2005. "We're renting a nice house in a nice neighborhood in upstate New York, but our family, our friends, our *hearts* are in New Orleans. Bob and I used to be soul mates. Now, there's no fun in our lives and not much closeness.

"Our family of five—my daughter, Kristy, 9, from my first marriage, and Bob's two girls, Alicia, 13, and Jenna, 11, from his—lived in a brick house in a quiet subdivision across the street from a levee. Our garden was our pride and joy; we had grapefruit, peach and Japanese kumquat trees and gorgeous tropical flowers. We were always socializing with our neighbors. Now we don't know where many of them are.

"The irony is that we lived through many other hurricanes and the house never even flooded. As late as the Saturday night before Katrina made landfall, officials were telling us it was going to be a Category Three, well short of Category Five, the most devastating. So we stocked up on the usual supplies—candles, flashlights, drinking water—and planned to ride it out. By morning, though, the news was calling it a Cat Five, heading dead at us. That meant mandatory evacuation. We had less than 24 hours to leave.

"We loaded the car and drove to a friend's home 110 miles north of the city. The trip took 12 hours. We stayed in her tiny house, which was still under construction, for a month, with 11 people, two dogs, one bath-





room, a hot plate and a microwave. Yet not one child complained! It was amazing. Bob's parents were still in New Orleans and we had no idea where they were. The area where they lived was destroyed, so we were pretty sure they hadn't survived.

"But a week after Katrina struck, Bob's cell phone rang. It was his dad: everyone was okay and by some miracle, so was their house. Bob drove back to New Orleans and saw that although our house had fared better than most, it was badly damaged. The roof in back was sheared off, muddy water was everywhere and our beloved garden was gone. Now we're trying to figure out if it makes sense to rebuild.

"Luckily, we both worked for national companies that found jobs for us in Pennsylvania. Newspapers were filled with stories about communities opening their doors to evacuees, but not in our town. No one welcomed us; many were downright nasty. The kids were ridiculed for their accents and their clothes. It was a huge relief when, after four months, Bob was promoted and we moved again. But his new job requires him to travel Monday through Friday, and I'm still unemployed, which is really stressing me out. There are so many costs here—winter coats, for example, and heat—that we didn't worry about in New Orleans.

"At least the people here are nice, and the schools are excellent. But the girls are having trouble making friends. Lately they've been crying and saying they want to go home. But there's no home to go *to*. And they've been fighting, which is a new development. When Bob and I got married we anticipated all sorts of 'blended-family' problems, but they never materialized. Now the smallest thing—whether Alicia's jacket is 'cooler' than Jenna's, for instance—sets them off. Then again, Bob and I don't exactly set a good example since when he finally gets home for the weekend we're so tired and tense we do nothing but bicker.

"I grew up in Baltimore, an only child of blue-collar parents who worked hard to give me a good life. I put myself through college by doing any job I could find. My parents both died before I graduated, so I had nothing to keep me in Baltimore. I went to a library, opened a U.S. atlas and put my finger on a map. It landed on Atlanta, so I moved there, found a job and eventually married my next-door neighbor. Kristy was born a year later, but the marriage ended two years later. My divorce became final the week before Christmas. Kristy was with her father on Christmas Day, so in a totally out-of character move, I logged on to Match.com.

"Bob had never tried online dating before, either. But someone was looking out for us because we 'met' that very day. He asked for my phone number and we talked for six hours that night and every night for a week. On New Year's Eve he drove 10 hours from New Orleans to take me to dinner. We've been together ever since.

"My husband is a wonderful, generous man. But since his sales territory stretches as far south as Tennessee, he sometimes drives to New Orleans to help others instead of coming home. I feel selfish complaining about that, but I need him *here*. He has no idea how hard it is for me with him gone all the time. I have to get us acclimated to a new community, apply for loans and battle every Tom, Dick and Harry at the Federal Emergency Management Agency to get the money we deserve. I'm running CONTINUED



can this marriage be saved?

as fast as I can to stay on top of everything yet I seem to accomplish nothing. I feel as though my husband is no longer my spouse, just someone I live with, some of the time.

"The other day we were at a diner when the old Louis Armstrong song 'Do You Know What It Means to Miss New Orleans?' came on. Bob broke down in sobs. I began to cry, too, and then the girls started. We're all so frazzled—out of place, out of time, out of *everything*."

His turn: "I'm as burned out as Sue is," said Bob, 38, a tall, muscular man with a shy, thoughtful manner. "But what can we do? I'm driving hundreds of miles every week, trying to figure out whether to sell our house as is or rebuild, checking in on my parents in Louisiana and worrying about being away from my wife and kids. The travel is getting to me. My last job never took me more than 45 minutes from home. Now I cover several states. When I do get home, I don't want to talk about everything in our life that's gone wrong.

"Besides, what right do I have to complain? My immediate family came out okay, but thousands of other people died and thousands more, including some of my aunts, uncles and cousins, have no homes, no jobs, nothing. Crime is on the rise, and people are scared. As much as I want to be home with Sue, I can't not help.

"All I think about is keeping this family going. As Sue said, the people here are cordial, but we haven't made any real friends and don't feel genuinely accepted. So we agon about whether to move back hom We want to, but costs are skyrock ing and it could take months just to find a contractor. We can't start n any repairs until we get insurance money, and after waiting more th 18 months, we just found out e weren't approved for a loan becau we moved away. Well, we mov because we had no home and o jobs! Tell me how that makes a sense. Every time I turn aroud there's a new problem; I'm alw fielding calls about some bill tha I paid but can't prove because ur records are gone. Louisiana wo't even renew my driver's licen e because I'm not living there, and g ting a New York license is a hu hassle because I travel during e week and can't get to the Depa ment of Motor Vehicles.

"Sue and I talk every evening bu our conversations revolve aroud what needs to get done. I don't kn why she thinks I don't appreci e her. She's my anchor, the whole fa ily's anchor. I love her more tha I can say. What I don't love is th edge in her voice when she speaks to me. It's especially hard to take e minute I walk in the door after bei g on the road for five days. All I c think is, Get me outta here. Sue a o needs to slow down. We can't et everything done in a month, or ev n a year. I keep telling her to relax, bu it's not in her nature. Of cour that's one of the reasons I was dra n to her in the first place. She's gu y and full of energy.

"My parents didn't have muh money but they taught my sister ad me the value of hard work an a good education. We CONTIN


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moved 12 times when I was a kid. Like me, my dad was in sales and every time his company offered him a new territory, we followed the money. Because we stayed longest in New Orleans, that's where we put down roots. For me, moving around was normal. But it's different for my kids—a catastrophic event caused them to suddenly lose everything and everyone they've ever known. They're not even sure if some of their best friends are dead or alive. We try to make them happy, to cheer them up when they're down, but we're always coming up short.

"I feel anxious and out of control in so many ways. I stopped at a 7-Eleven the other day to buy gas and a magazine cover about Katrina victims caught my eye. I felt like I'd been kicked in the gut. It made me miss my friends and the good times we used to have—and it underscored the fact that our old life is gone forever. When we heard that Louis Armstrong song in the restaurant, I started bawling like a baby. I hate for my kids to see me break down. But what I really don't understand is, why now? We're alive, we're safe, it's been almost two years. Why does everything feel so bad?"

The counselor's turn: "A life-altering trauma such as Hurricane Katrina can wreak havoc on even a good marriage," said the counselor. "Although Sue and Bob were dealing well with the overwhelming practical aspects of recovery, they had underestimated the emotional toll it would take on them, both individually and as a couple. Raised in families where hard work was expected and complaining frowned upon, they focused on their children's well-being and ignored their own. Yet when someone is in emotional pain, the spillover into the marriage is inevitable. Now that they were settling down into more normal routines, feelings of guilt, anxiety and fear engulfed them, triggering arguments over issues large and small.

"My first goal was to help them appreciate and accept that what they were experiencing was normal—albeit a 'new normal' that could last a long time. This couple was not on the brink of divorce, but their marriage was slowly being eroded and they needed to find ways to reconnect physically and emotionally.

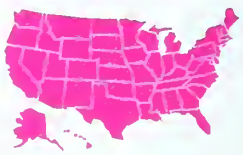
"Everyone reacts differently to stress, depending on inborn temperament as well as upbringing and life experiences. These two had always been resilient, so their difficulty coping upset them all the more. I explained that once an initial shock wears off, and the adrenaline that helps in a crisis ebbs, the reality of loss takes hold. Whenever someone is displaced even temporarily and separated from friends, neighbors, schools or jobs, family conflict inevitably increases. 'The emotional support we reap from these associations is huge,' I noted, 'and its absence can lead to everything from irritability and sleeping problems to anxiety, indecisiveness and decreased intimacy.' It's common to feel that just after moving two steps forward, you're one step behind.

"'Give yourselves, and your kids, time to heal,' I advised. A large part of my work involved simply listening and gently prodding the conversation while they spoke about their sadness and learned what the other needed. We focused on simple accomplishments. 'Pace yourself,' I advised. 'Examine what you did today—you renewed that driver's license, you secured a loan—and celebrate your achievements, no matter how small. That way you'll fret less about what remains on your to-do list.' Although the big decision about whether to move back to New Orleans remained unresolved, we discussed how they could take control of situations that were compounding their stress. For starters, Sue needed regular acknowledgment from Bob of just how hard her job was. In turn, he needed some emotional space when he returned home at the end of a demanding week on the road.

"This conversation led to one about how difficult it is for proud people like Sue and Bob to accept help from others. I asked how it felt to assist those in need, and they agreed that being of service was incredibly satisfying. 'That's a very important part of the human equation,' I noted. 'By accepting help from others, you're giving them that same satisfaction.'

"We talked about CONTINUED ON PAGE 84

Could *Your* Marriage Use Saving?



When your personal issues become too much for the tw of you to handle on your own, a therapist can help. Find one near you in our online therapist directory, which includes therapists' résumés, photos, specialties and personal statements

HTTP://THERAPISTS.LHJ.COM



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Nexium

NEXIUM can heal the damage caused by acid reflux disease.

If you suffer from acid reflux disease — persistent heartburn 2 or more days a week, despite treatment and diet change — you could have damage to your esophagus and not even know it. This damage can occur over time from acid wearing away the lining of the esophagus, and if left untreated, it could get worse. About 1 in 3 people with acid reflux disease have this condition,* called erosive esophagitis. Only your doctor can determine if you have this condition.

However, one prescription NEXIUM pill a day not only can provide 24-hour heartburn relief, but for many, can heal even the most severe erosions in the esophagus caused by acid reflux. Most erosions heal in 4 to 8 weeks. Your results may vary.

NEXIUM has a low occurrence of side effects, which may include headache, diarrhea, and abdominal pain. Symptom relief does not rule out other serious stomach conditions.

Please read the important Product Information about NEXIUM on the adjacent page and discuss it with your doctor.

For a **FREE TRIAL OFFER**, visit **purplepill.com** or call **1-888-PURPLEPILL (888-787-7537)**.

If you are without prescription coverage and can't afford your medication, AstraZeneca may be able to help.

*Source: AstraZeneca Data on File: DA-NEX-58

Nexium®
(esomeprazole magnesium)

AstraZeneca

IMPORTANT INFORMATION ABOUT NEXIUM

Please read this summary carefully and then ask your doctor about NEXIUM.

No advertisement can provide all the information needed to determine if a drug is right for you. This advertisement does not take the place of careful discussions with your doctor. Only your doctor has the training to weigh the risks and benefits of a prescription drug.

WHAT IS NEXIUM?

NEXIUM is a type of medicine called a proton pump inhibitor (PPI) and is used to treat acid reflux disease, also known as gastroesophageal reflux disease (GERD). GERD is a chronic condition that occurs when acid from the stomach backs up into the esophagus (food pipe) causing symptoms, such as heartburn, or changes to the lining of the esophagus. Common symptoms include frequent and persistent heartburn, a sour or bitter taste in the mouth, and difficulty swallowing.

For adults, NEXIUM is prescribed for the treatment of GERD symptoms. NEXIUM may also be prescribed to heal acid-related damage to the lining of the esophagus (known as erosive esophagitis), and to maintain this healing. Studies with NEXIUM did not go beyond 6 months.

For adolescents 12 to 17, NEXIUM is approved for the short-term treatment (up to 8 weeks) of GERD.

NEXIUM is available in two dosage strengths (20 mg and 40 mg). Only your doctor can prescribe the dose that's right for you.

HOW DOES NEXIUM WORK?

The lining of your stomach has millions of special cells. They make acid through "acid pumps." This acid is produced to help digest the food you eat. Sometimes the acid backs up into your esophagus, causing you to feel a burning sensation of heartburn. Over time, acid can wear away or erode the lining of the esophagus. This condition, called erosive esophagitis (or EE), is a more serious effect of acid reflux disease, and only a doctor can determine if you have this damage.

NEXIUM can turn off some of these acid pumps. This reduces the chance of heartburn and other acid reflux disease symptoms. For many people, one NEXIUM pill a day can relieve heartburn symptoms for 24 hours.

For patients with EE, NEXIUM 1 heals most erosions in the esophagus within 4 weeks. Your results may vary.

WHO SHOULD NOT TAKE NEXIUM?

You should not take NEXIUM if you:

- have ever had an allergic reaction to the active ingredient, esomeprazole magnesium trihydrate
- have ever had an allergic reaction to any of the following inactive ingredients in NEXIUM (including the capsule shells): glyceryl monostearate 40-55, hydroxypropyl cellulose, hypromellose, magnesium stearate, methacrylic acid copolymer type C, polysorbate 80, sugar spheres, talc, triethyl citrate, gelatin, FD&C Blue #1, FD&C Red #40, D&C Red #28, titanium dioxide, shellac, ethyl alcohol, isopropyl alcohol, n-butyl alcohol, propylene glycol, sodium hydroxide, polyvinyl pyrrolidone, and D&C Yellow #10
- are allergic to any PPI medication
- are younger than 12 years of age
- are pregnant, think you may be pregnant, or are planning to become pregnant
- are breast-feeding

HOW SHOULD I TAKE NEXIUM?

NEXIUM should be taken only when prescribed by a doctor. Follow his or her instructions about when and how to take NEXIUM. If you are unsure or have questions, ask your doctor.

One NEXIUM pill should be taken once per day, or as prescribed by your doctor. Take it at least 1 hour before a meal. Swallow the pill whole. If you have a hard time swallowing the pill, you can empty it into a tablespoon of applesauce. Be sure to eat it right away. Never chew or crush it. Never store it for later use.

WHAT SHOULD I TELL MY DOCTOR BEFORE TAKING NEXIUM?

Before taking your medication, tell your doctor if you:

- are taking any other medication, including any over-the-counter (OTC) medication
- have suffered any allergic reaction to any medication
- have or have had severe liver damage
- are pregnant, think you may be pregnant, or are planning to become pregnant
- are breast-feeding
- are taking a blood thinner (such as Coumadin or warfarin)
- are taking a drug to treat or prevent fungal infections (such as ketoconazole)
- are taking a drug for HIV treatment called atazanavir

WHAT ARE THE POSSIBLE SIDE EFFECTS OF NEXIUM?

In adults, side effects with NEXIUM may include headache, diarrhea, and abdominal pain.

In adolescents 12-17, side effects with NEXIUM may include headache, diarrhea, abdominal pain, and nausea.

NEXIUM may cause other side effects besides those listed here. If you have any side effects or symptoms that you are concerned about, talk with your doctor.

Symptom relief with NEXIUM does not mean other serious stomach conditions do not exist.

HOW SHOULD I STORE NEXIUM?

NEXIUM should be stored at room temperature (25°C, 77°F). Keep your pills in the bottle they came in. Keep the pills away from children. If your doctor tells you to stop treatment, throw out the pills. Do not take your pills after the date of expiration on the bottle has passed.

WHERE CAN I GET MORE INFORMATION ABOUT NEXIUM?

Talk to your doctor about NEXIUM. You can obtain full prescribing information and other details by visiting **www.purplepill.com** or calling 1-800-236-9933.

GENERAL ADVICE

It is important to take NEXIUM as prescribed and to discuss any changes you experience while taking NEXIUM with your doctor. You should only use NEXIUM for a condition for which it has been prescribed. Do not give NEXIUM to other people, even if they have the same medical condition you have. Keep NEXIUM and all medicines out of the reach of children.

NOTE: This summary provides important information about NEXIUM. For more information, please ask your health care professional or doctor about the full prescribing information and discuss it with him or her.

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Nexium®
(esomeprazole magnesium)

AstraZeneca

What he's Really trying to say.

When it comes to plumbing, actions speak louder than words. This guide can help you learn to read your plumber like a book.

What he does	What it means
Walks through your flowerbed.	He doesn't respect your home. If he did, he'd use the walkway. It's only a matter of time before he starts using your fancy guest towels to clean his tools.
Shows up an hour late and doesn't call.	He doesn't care about your schedule. A good plumber will call if he's going to be late. Don't be surprised if he also takes multiple breaks due to "wrench wrist," or some equally fictitious ailment.
Gives you a final bill that looks nothing like his estimate.	He's irresponsible. Who knows what other oversights he's made? There's a good chance your pipes are now held together with kite string and bubblegum.
Leaves a mess behind.	He doesn't appreciate the work you put into keeping your home clean. You could be angry and attempt to get even, or you could just feel sorry for the woman that has to put up with him at home. We suggest the latter.



Keep this guide around to judge your next plumber. If you don't call Mr. Rooter®, you'll probably need it.

Find the plumber you deserve at MrRooter.com or by calling 877-Rooter-5.

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the importance of strengthening bonds in their new community. In New Orleans they had always hosted a Fourth of July barbecue, so they revisited that tradition, using it to thank their neighbors and get to know them. 'We had a full house,' said Bob. 'We served turkey gumbo and hamburgers—something Southern and something Northern.' Several couples have reciprocated by inviting the family to join them at their homes or for boat rides on a nearby lake. Another offered Sue a part-time job managing his medical practice. The girls were able to meet new families and have started to babysit for neighbors, which boosts their self-esteem.

"I wasn't surprised that sibling rivalry was cropping up. 'Your children's belongings are gone,' I said. 'If one gets a sweater and the other doesn't, jealousy, along with other still-raw feelings, is naturally going to surface.' Similarly, the tears and quarreling were par for the course. To further restore a sense of security and normalcy, I advised the couple to build structure into their lives by establishing familiar routines. Dinner, Sue agreed, didn't have to be fancy, but it was important that she and the girls sit down to eat together every weekday evening. We also agreed that while Bob was understandably drawn to New Orleans to help out his family and former neighbors, he should limit himself to one weekend a month there.

"I also reassured them that it was okay for their daughters to see them upset. 'Don't try to minimize their feelings or your own,' I urged them. 'Instead, share your sadness, worry or anger in a proactive way by explaining what you're doing to get the whole family back on track.'

"Finally, we discussed the importance of nurturing their relationship. 'Unless you schedule time for each other, it won't happen,' I said. 'Make a point of doing something together every weekend that makes you happy.' Bob and Sue have begun going out alone to movies and romantic dinners, and have organized a family activity every weekend, be it a trip to nearby Niagara Falls or simply playing Pictionary in their pajamas on a snowy day. Once the weather gets warmer they plan to hike in the Adirondacks and plant a garden.

"There are no easy answers for couples like Sue and Bob, nor is there a timetable for recovery. But as the weeks passed, they began to feel a renewed sense of confidence in themselves and in their relationship. 'We still haven't decided if we're moving back, but we're forging ahead with our new life,' Sue said. 'It's different from our old one, but still meaningful.'

"'What makes us really fortunate,' Bob added, 'is that we have each other.'"



"Can This Marriage Be Saved?" is the most enduring women's magazine feature in the world. This month's case is based on interviews with clients and information from the files of Robin Newman, a licensed clinical social worker in Huntington, New York. The story told here is true, although names and other details have been changed to conceal identities. "Can This Marriage Be Saved?" is a registered trademark of Meredith Corporation.

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Sweet? Salty? Crunchy?

It's not that we can't make up our minds. It's that we shouldn't have to.





The Church of Nature



The author and two of her sons on a very special Sunday

My boys and I have discovered that finding God isn't something that only happens in a pew

Once every couple of months, whenever the weather's particularly fine, my husband, Haywood, and I pile the kids in the minivan, head for the Little Harpeth River and play hooky from church. The tulip poplars are thick, the river is wide and shallow and filled with silver minnows, grass goes to seed on the banks, and everything feels fresh and untroubled though Highway 70 echoes nearby. Instead of griping all the way to Sunday school, our boys tell knock-knock jokes and laugh hysterically. Henry will start to hum, and then Joe will join in, and finally even 15-year-old Sam will pop out his iPod earbuds and break into a voice-cracking rendition of "Margaritaville." In the front seat, Haywood and I look at each other, amazed. Who could believe we'd become this off key version of the Partridge Family just by substituting a picnic blanket for a pew?

Our adventures in apostasy began one Sunday when Sam, our eldest, was in first grade. He was sitting at the breakfast table, pushing a spoon around a bowl of cereal. "I wish there was no God," he muttered.

I stared at him. What was this? Existential angst at age 7? Disappointment in some unanswered prayer? The prelude to a wrenching confession of secret misdeeds?

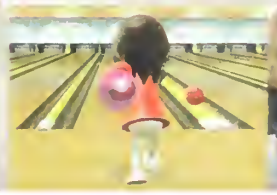
Whatever was causing this theological crisis, I doubted my ability to remedy it. Many years ago I abandoned any attempt to justify the ways of God to man. If too much reading, spirited debate with my confessor, and 34 credit hours in philosophy and religion hadn't answered all my own questions, who was I to attempt theosophy in front of an innocent child? Still, I took a deep breath and asked, "What's bothering you about God, honey?"

He looked up mournfully. CONTINUED



Linda Perry






Wii

W[illegible] from any other videogame because you're not just sitting [illegible] in front of the TV. You're up. You're moving and you're [illegible] it's really easy to break a sweat. Plus, you don't have to learn any [illegible] To play tennis, you swing the racket. To box, you punch – you're actually [illegible] I have friends who play boxing for exercise. My girlfriend and I play it actually, and it can get pretty competitive. I've knocked a few of them out. They have yet to knock me out."

Tell us your Wii story [illegible]

Wii

[illegible]

M and the Wii logo are [illegible]demarks. [illegible] Nintendo. [illegible]

"If we didn't have God, we wouldn't have to go to church. I'd rather watch my tadpoles."

So, not exactly a dark night of the 7-year-old soul. But raising our children to resent God wasn't what Haywood and I had in mind, either, when we joined a church and gave up long Sunday mornings over coffee and *The New York Times*. By the time I was pregnant with Sam, any remaining issues I still had with the faith of our fathers seemed minor next to what a faith community offers a child: support in trouble, the sense of being unique and precious, a framework for understanding the need for compassion. And now that child was finding the whole candle-incense-stained-glass scene a boring interruption of what ought to be the best day of the week—a day with no school, no errands, no soccer game, no homework. Who could blame the kid? And who's to say that a 10-gallon bucket of tadpoles slowly transforming themselves into tree frogs in a little pool near the backyard couldn't demonstrate God's plan at least as well as all the verses of "How Great Thou Art"?

I considered my hunched-over son. I considered the glorious summer day beckoning my boy outside. I considered my watch: thirty minutes left to get ready for church and give our son one more reason to begrudge God His hour on Sunday.

"Get your sandals on," I said. "Time to visit the church of nature."

We headed to a nearby park, where Sam saw a water snake, three turtles, a spiderweb shaped like a funnel, a cicada shell, half a robin's egg, a nest of "roly-polies," and about a million water striders. Every few seconds he would call, "Hey, Mom, look at this!" and point out some wonder he'd have missed entirely if I'd hauled him to the altar. We stayed for an hour, walking along the trail and turning over rocks to find salamanders, and we came home muddy and happy. There was no more talk about hating God.

The church of nature has been a family tradition ever since. There's nothing overt about our sermons—no bright "Okay, kids, let's find examples of God's handiwork and talk about them." Nonetheless, those special Sundays, walking along the Little Harpeth River, with its swift, flashing water and its dappled light and finches' wings, are full of what can only be called holiness.

For Haywood and me, it's also a reminder of our own childhoods, the chance to watch our kids studying crawdads and making toy boats out of bark just as we did as children. As kids, we never needed a special occasion to visit the church of nature because we both grew up among creeks and fields and piney woods, catching lightning bugs and collecting cicada shells. As long as we were home in time for supper, our mothers didn't care if we spent the whole day chunking rocks into the creek.

After an hour in the park, there was no more talk of hating God

The other day a friend of mine looked ruefully around her tidy family room and said, "My kids don't have toys anymore. All they have are video games." It's not that bad at our house, though my children's days—filled with soccer practice and Cub Scouts and music lessons and endless piles of homework—are far more scheduled than mine ever were. But it's not strictly for the kids that we ditch church on especially gorgeous Sundays. Haywood and I need the church of nature at least as much as they do. Some days I'm too busy with work and laundry and carpools and bills—not to mention the e-mails that suck me into cyberspace as completely as any online game grabs my children—to venture into my own backyard, much less the walking trails of Edwin Warner Park. Wordsworth had it right: "Getting and spending, we lay waste our powers: / Little we see in Nature that is ours."

But when we spend Sunday at the river, I understand again that the earth itself is holy, and that I am one of its creatures. There, it is enough to live and breathe and care for my young like all the other animals, enough to lie down in the shade and hear Joe shout to his brothers, "Hey, look at the snakeskin I found!" while Henry and Sam debate whether that rattling in the grass was a rattlesnake or only a grasshopper. Haywood and I sit on the bank and hold hands and watch our children play with one another. Could there be a more perfect prayer of thanksgiving?

Last Sunday we were at the river when Henry called out, "Hey, Mom, look at this!" I went over to find a tiny frog clinging to the tip of one finger. When I glanced past that impossibly small being into my son's shining eyes, I suddenly thought of another sermon delivered outside church walls:

Blessed are the pure in heart, for they shall see God.

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by STEPHEN FRIED

Men's Midlife Madness

These days, men's meltdowns start earlier and last longer. Here's how to spot the signs



A lot of my friends have been talking about midlife recently—a bad sign. I was brought up to believe that midlife crises were caused by major life-changing events that made you question *everything*. I now suspect they are, in fact, caused by talking about midlife and thinking about midlife and worrying about "turning points" that will trigger the crisis (is that it, *is that it?*) until you basically cause the life-changing events yourself.

I'm waiting in line at the video store, wondering whether the films I've chosen could be just that turning point. When I get to the front, I ask the woman behind the counter, who is about my age, what movies men rent when they're having a midlife crisis.

"Horror movies about zombies eating people's heads off," she says without missing a beat. "At least, that's what my husband has been watching since his midlife thing started about 10 years ago." He also, she explains, tends to choose his non-horror movies less by plot than by which Hollywood starlets display nudity, cleavage or "sideage"; he's currently making a cinematic study of films in which you can see Helen Hunt's nipples.

My heart goes out to wives trying to make sense of the stuff men do when they approach midlife, a period that, like a lot of things middle in America (the middle class, the midsection), is getting larger and larger. For husbands, the crisis now starts in their 30s, as they ponder the hasty approach of 40, and lasts pretty much as long as they can drag it out. As 50 looms I'm just getting the hang of it.

In my regular basketball game, every player is at least at orange alert for midlife-crisis risk. Since I'm the "commissioner" of this group, responsible for making sure we have enough players for three games a week, I know immediately when something is amiss. Whenever a guy starts to miss more games or foul more flagrantly than usual, I know some big midlife pronouncement is only days away.

In the past year alone, six of our regular players made major life changes. One chose instead to more fully embrace his midlife madness and bought an even bigger boat. It's all so predictable, I wish I could put money down on it—maybe a midlife-crisis betting parlor (where you could get Vegas odds on individuals) or a mutual CONTINUED



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Created for kids

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PULMICORT RESPULES, an inhaled corticosteroid, is not a quick-relief medication and should NOT be used to treat an acute asthma attack. In studies, side effects were similar to those experienced with placebo. These included respiratory infection, runny nose, earache, and coughing. If switching to PULMICORT RESPULES from an oral (syrup or pill) corticosteroid, follow the doctor's instructions to help avoid health risks. Tell the doctor if your child is exposed to chicken pox or measles.

Ask your child's doctor about PULMICORT RESPULES today

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Pulmicort RESPULES



(budesonide inhalation suspension)

BRIEF SUMMARY Before prescribing, ... INDICATIONS ... CONTRAINDICATIONS ... WARNINGS ... PRECAUTIONS

General: ... Drug Interactions: ... Carcinogenesis, Mutagenesis, Impairment of Fertility: ... tumorigenicity was seen in male and female rats at respective oral doses up to 25 and 50 mcg/kg (less than the maximum recommended daily inhalation dose in adults and children on a mcg/m2 basis). In two additional two-year studies in male Fischer and Sprague-Dawley rats budesonide caused no gliomas at an oral dose of 50 mcg/kg (less than the maximum recommended daily inhalation dose in adults and children on a mcg/m2 basis). However, in the male Sprague-Dawley rats budesonide caused a statistically significant increase in the incidence of hepatocellular tumors at an oral dose of 50 mcg/kg (less than the maximum recommended daily inhalation dose in adults and children on a mcg/m2 basis). The concurrent reference corticosteroids (prednisolone and triamcinolone acetonide) in these two studies showed similar findings. In a 21-week study in mice budesonide caused no treatment-related carcinogenicity at oral doses up to 200 mcg/kg (less than the maximum recommended daily inhalation dose in adults and children on a mcg/m2 basis). Budesonide was not mutagenic or clastogenic in six different test systems: Ames *Salmonella*/microsome plate test, mouse micronucleus test, mouse lymphoma test, chromosome aberration test in human lymphocytes, sex-linked recessive lethal test in *Drosophila melanogaster* and DNA repair analysis in rat hepatocyte culture. In rats, budesonide had no effect on fertility at subcutaneous doses up to 50 mcg/kg (less than the maximum recommended daily inhalation dose in adults on a mcg/m2 basis). However, it caused a decrease in prenatal viability and viability in the pups at birth and during lactation, along with a decrease in maternal body-weight gain at subcutaneous doses of 20 mcg/kg and above (less than the maximum recommended daily inhalation dose in adults on a mcg/m2 basis). No such effects were noted at 5 mcg/kg (less than the maximum recommended daily inhalation dose in adults on a mcg/m2 basis). **Pregnancy:** *Teratogenic Effects* Pregnancy Category B—As with other corticosteroids, budesonide was teratogenic and embryocidal in rabbits and rats. Budesonide produced fetal loss, decreased pup weights and skeletal abnormalities at subcutaneous doses of 25 mcg/kg in rabbits (less than the maximum recommended daily inhalation dose in adults on a mcg/m2 basis) and 500 mcg/kg in rats (approximately 4 times the maximum recommended daily inhalation dose in adults on a mcg/m2 basis). In another study in rats, no teratogenic or embryocidal effects were seen at inhalation doses up to 250 mcg/kg (approximately 2 times the maximum recommended daily inhalation dose in adults on a mcg/m2 basis). Experience with oral corticosteroids since their introduction in pharmacologic, as opposed to physiologic doses suggests that rodents are more prone to teratogenic effects from corticosteroids than humans. In addition, because there is a natural increase in corticosteroid production during pregnancy, most women will require a lower exogenous corticosteroid dose and many will not need corticosteroid treatment during pregnancy. Studies of pregnant women, however, have not shown that inhaled budesonide increases the risk of abnormalities when administered during pregnancy. The results from a large population-based prospective cohort epidemiological study reviewing data from three Swedish registries, covering approximately 99% of the pregnancies from 1995-1997 (the Swedish Medical Birth Registry, Registry of Congenital Malformations, Child Cardiology Registry) indicate no increased risk for congenital malformations from the use of inhaled budesonide during early pregnancy. Congenital malformations were studied in 2014 infants born to mothers reporting the use of inhaled budesonide for asthma in early pregnancy (usually 10–12 weeks after the last menstrual period), the period when most major organ malformations occur. The rate of recorded congenital malformations was similar compared to the general population rate (3.8% vs. 3.5% respectively). In addition, after exposure to inhaled budesonide, the number of infants born with orofacial clefts was similar to the expected number in the normal population (4 children vs. 3.3, respectively). These same data were utilized in a second study bringing the total to 2534 infants whose mothers were exposed to inhaled budesonide. In this study the rate of congenital malformations among infants whose mothers were exposed to inhaled budesonide during early pregnancy was not different from the rate for all newborn babies during the same period, 3.6%. Despite the animal findings, it would appear that the possibility of fetal harm is remote if the drug is used during pregnancy. Nevertheless, because the studies in humans cannot rule out the possibility of harm, PULMICORT RESPULES should be used during pregnancy only if clearly needed. *Non-teratogenic Effects* Hypoadrenalism may occur in infants born of mothers receiving corticosteroids during pregnancy. Such infants should be carefully observed.

Nursing Mothers: It is not known whether budesonide is excreted in human milk. Because other corticosteroids are excreted in human milk, caution should be exercised if budesonide is administered to nursing women. **Pediatric Use:** Safety in children six months to 12 months of age has been evaluated. Safety and effectiveness in children 12 months to 8 years of age have been established (see CLINICAL PHARMACOLOGY, Pharmacodynamics, CLINICAL TRIALS and ADVERSE REACTIONS in full Prescribing Information). A 12-week study in 141 pediatric patients, 6 to 12 months of age with mild to moderate asthma or recurrent persistent wheezing was conducted. All patients were randomized to receive either 0.5 mg or 1 mg of PULMICORT RESPULES or placebo once daily. Adrenal axis function was assessed with an ACTH stimulation test at the beginning and end of the study and mean changes from baseline in this variable did not indicate adrenal suppression in patients who received PULMICORT RESPULES versus placebo. However, on an individual basis, 7 patients in this study (6 in the PULMICORT RESPULES treatment arms and 1 in the placebo arm) experienced a shift from having a normal baseline stimulated cortisol level to having a subnormal level at Week 12 (see CLINICAL PHARMACOLOGY, Pharmacodynamics, in full Prescribing Information). Pneumonia was observed more frequently in patients treated with PULMICORT RESPULES than in patients treated with placebo (4.2.1 and 0/98 the PULMICORT RESPULES 0.5 mg, 1 mg and placebo groups, respectively). A dose dependent effect on growth was also noted in the 12-week trial. Infants in the placebo arm experienced an average growth of 3.7 cm over 12 weeks, compared with 3.5 cm and 3.1 cm in the PULMICORT RESPULES 0.5 mg and 1 mg arms, respectively. This corresponds to estimated mean (95% CI) reduction in 12-week growth velocity between placebo and PULMICORT RESPULES 0.5 mg (0.2 cm, 0.6, 1.4) and between placebo and PULMICORT RESPULES 1 mg of 0.6 cm (−0.2 cm, 1.4). These findings support that the use of PULMICORT RESPULES in infants 6 to 12 months of age may result in systemic effects and are consistent with findings of growth suppression in other studies with inhaled corticosteroids. Controlled clinical studies have shown that inhaled corticosteroids may cause a reduction in growth velocity in pediatric patients. In these studies, the mean reduction in growth velocity was approximately one centimeter per year (range 0.3 to 1.8 cm per year) and appears to be related to dose and duration of exposure. This effect has been observed in the absence of laboratory evidence of hypothalamic-pituitary-adrenal (HPA) axis suppression, suggesting that growth velocity is a more sensitive indicator of systemic corticosteroid exposure in pediatric patients than some or more commonly used tests of HPA-axis function. The long-term effects of this reduction in growth velocity associated with inhaled corticosteroids, including the impact on final adult height, are unknown. The potential for catch-up growth following discontinuation of treatment with inhaled corticosteroids has not been adequately studied. The growth of pediatric patients receiving inhaled corticosteroids, including PULMICORT RESPULES, should be monitored routinely (e.g., via stadiometry). The potential growth effects of prolonged treatment should be weighed against clinical benefits obtained and the risks associated with alternative therapies. To minimize the systemic effects of inhaled corticosteroids, including PULMICORT RESPULES, each patient should be titrated to his/her lowest effective dose. An open-label non-randomized clinical study examined the immunogenic responsiveness of anthrax vaccine in 243 asthma patients 12 months to 8 years of age who were treated with PULMICORT RESPULES 0.25 mg to 1 mg daily (n=151) or non-corticosteroid asthma therapy (n=92) (i.e. beta-agonists, leukotriene receptor antagonists, cromones). The percentage of patients developing a seroprotective antibody titer of ≥0.1 mcg/mL (SA) was comparable in response to the vaccination was similar in patients treated with PULMICORT RESPULES (85%) compared to patients treated with non-corticosteroid asthma therapy (90%). No patient treated with PULMICORT RESPULES developed chicken pox as a result of vaccination. **Geriatric Use:** Of the 216 patients in 3 clinical trials of PULMICORT RESPULES, 6 adult patients (≥65 to 80 years) were 65 years of age or older, while 22 (10%) were 12 years of age or older. No overall differences in safety were observed between these patients and younger patients, and other reported clinical experience has not identified differences in responses between the elderly and younger patients. **ADVERSE REACTIONS** The following adverse reactions were reported in pediatric patients treated with PULMICORT RESPULES. The incidence of common adverse reactions is based on three double-blind, placebo-controlled clinical trials (with 935 patients, 12 months to 8 years of age, 198 patients ≥12 months and <2 years of age; 225 patients ≥2 and <4 years of age, and 512 patients ≥4 and ≤8 years of age) were treated with PULMICORT RESPULES (0.25 to 1 mg daily dose for 12 weeks) or vehicle placebo. The incidence and nature of adverse events reported for PULMICORT RESPULES was comparable to that reported for placebo. The following table shows the incidence of adverse events in U.S. controlled clinical trials, regardless of relationship to treatment, in patients previously receiving bronchodilators and/or inhaled corticosteroids. The population included a total of 605 male and 340 female patients.

Adverse Events with ≥3% Incidence Reported by Patients on PULMICORT RESPULES

Adverse Events	Vehicle Placebo (n=227) %	PULMICORT RESPULES Total Daily Dose 0.25 mg (n=178) %	0.5 mg (n=223) %	1 mg (n=317) %
Respiratory System Disorder				
Respiratory Infection	36	34	35	38
Rhinitis	9	7	11	12
Coughing	5	5	9	8
Resistance Mechanism Disorders				
Otitis Media	11	12	11	9
Viral Infection	3	4	5	3
Moniliasis	2	4	3	4
Gastrointestinal System Disorders				
Gastroenteritis	4	5	5	5
Vomiting	3	2	4	4
Diarrhea	2	4	4	2
Abdominal Pain	2	3	2	3
Hearing and Vestibular Disorders				
Ear Infection	4	2	4	5
Platelet, Bleeding, and Clotting Disorders				
Epistaxis	1	2	4	3
Vision Disorders				
Conjunctivitis	2	<1	4	2
Skin and Appendages Disorders				
Rash	3	<1	4	2

The table above shows all adverse events with an incidence of 3% or more in at least one ac... treatment group where the incidence was higher with PULMICORT RESPULES than with plac... The following adverse events occurred with an incidence of 3% or more in at least ... PULMICORT RESPULES group where the incidence was equal to or less than that of the plac... group (eve: sinusitis, pain, pharyngitis, bronchospasm, bronchitis, and headache. **Incide... 1% to ≤ 3% (by body system)** The information below includes all adverse events ... an incidence of 1 to ≤3% in at least one PULMICORT RESPULES treatment group where ... incidence was higher with PULMICORT RESPULES than with placebo, regardless of relation... to treatment. Body as a whole: allergic reaction, chest pain, fatigue, flu-like disorder. Respira... system: stridor. Resistance mechanisms: herpes simplex, external ear infection, infec... Central & peripheral nervous system: dysphonia, hyperkinesia. Skin & appendages: eczе... pustular rash, pruritus. Hearing & vestibular: earache. Vision: eye infection. Psychiatric: anor... emotional lability. Musculoskeletal system: fracture, myalgia. Application site: contact derma... Platelet, bleeding & clotting: purpura, and White cell and resistance: cervical lymphadenopa... The incidence of reported adverse events was similar between the 447 PULMICORT RESPULI... treated (mean total daily dose 0.5 to 1 mg) and 223 conventional therapy-treated pedi... asthma patients followed for one year in three open-label studies. Cases of growth suppres... have been reported for inhaled corticosteroids including post-marketing reports for PULMIC... RESPULES (see PRECAUTIONS, Pediatric Use). Less frequent adverse events (<1%) reported... the published literature, long-term, open-label clinical trials, or from marketing experience ... inhaled budesonide include: immediate and delayed hypersensitivity reactions including ... contact dermatitis, angioedema, and bronchospasm; symptoms of hypocorticism and hyper... cushingism, psychiatric symptoms including depression, aggressive reactions, irritability, anxiety, ... psychosis, and bone disorders including avascular necrosis of the femoral head and os... porosis. **DOSAGE AND ADMINISTRATION** PULMICORT RESPULES is indicated for ... use in asthmatic patients 12 months to 8 years of age. PULMICORT RESPULES should be ad... ministered by the inhaled route via jet nebulizer connected to an air compressor. Individual pati... ents will experience a variable onset and degree of symptom relief. Improvement in asthma co... trol following inhaled administration of PULMICORT RESPULES can occur within 2-8 days of ... initiation of treatment, although maximum benefit may not be achieved for 4-6 weeks. The safety ... and efficacy of PULMICORT RESPULES when administered in excess of recommended doses ... have not been established. In all patients, it is desirable to downward-titrate to the lowest effe... tive dose once asthma stability is achieved. The recommended starting dose and highest rec... ommended dose of PULMICORT RESPULES, based on prior asthma therapy, are listed in ... the following table:

Previous Therapy	Recommended Starting Dose	Highest Recommended Dose
Bronchodilators Alone	0.5 mg total daily dose administered either once daily or twice daily in divided doses	0.5 mg total daily dose
Inhaled Corticosteroids	0.5 mg total daily dose administered either once daily or twice daily in divided doses	1 mg total daily dose
Oral Corticosteroids	1 mg total daily dose administered either as 0.5 mg twice daily or 1 mg once daily	1 mg total daily dose

In symptomatic children not responding to non-steroidal therapy, a starting dose of 0.25... once daily of RULMICORT RESPULES may also be considered. If once-daily treatment ... PULMICORT RESPULES does not provide adequate control of asthma symptoms, the total ... dose should be increased and/or administered as a divided dose.

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fund of products guys seek during crisis. I shouldn't joke. I'm not saying husbands experience anything physically worse than their wives do at midlife—in fact, quite the opposite. But it may be the lack of a true menopause that gives men, well, so much pause, and leads us to spend more time reevaluating our lives than living them.

From the time I was a boy I heard stories of men and their meltdowns: the sports cars, the affairs, the bad facial hair, the medallions. I was taught that I should do everything in my power to avoid becoming that kind of husband. Thankfully, I never saw my father indulge in any of these behaviors—although he did become markedly less patient in his 40s. So I was a little freaked out when, just after I turned 40, Diane said the most chilling thing. I was being short with her—apparently not for the first time—and she said, "Y'know, your father was a wee bit testy, too." I don't have a roving eye or a sudden desire to buy expensive toys, but clearly I'm wrestling with some of the impulses all men have after reaching "that age." I just happen to be winning the battle. So far.

Although men always deny they are having a crisis themselves, they do have elaborate theories about why it's happening to everybody else. One of my friends insists all male midlife pressures are about work, even though they ultimately play out at home. He sees how guys—you know, those *other* guys—start obsessing about their career disappointments or, sometimes just as bad, get bored because they reached the top sooner than expected and don't know what the hell to do with themselves. And still others are pushed out of jobs and can't figure out how it happened. After decades of never thinking enough, they now find themselves thinking too much. And instead of setting new goals, they wallow in wondering why fulfilling their original goals was so, well, unfulfilling.

Another friend blames midlife woes on the dilemma of the "new dad." He says that his generation of fathers is more involved in their children's lives than any before, "so the thing I've seen over and over is men looking hard at their lives after the kids are gone. I guess they see a house with just them and their wives, and ask, 'Is that all there is *for the next 25 years?*' "

Someday perhaps medical science will develop a pill for all these half-life headaches—"Mid-Ecstasy"—or some kind of vaccine. In the meantime, we can only spot and monitor symptoms. We can choose to ignore them, assuming they'll pass like bad weather. Or we can gently acknowledge them ("Oh, a goatee. How, *uh*, jazzy"), while some wives try more extreme treatments ("Pick me or the Gulfstream—you can't keep both").

As for me, I think I've been protected so far by the fact that I really love my wife and rarely blame her for any of the inevitable pressures that come even in a good marriage. Truth be told, Diane has actually accused me of being overly forgiving. ("I was such a bitch today, I'm sorry." "No, you weren't." "Yes, I was!"

In fact, she recently asked if I'd consider having just a partial midlife crisis so that I would improve my wardrobe and get a better car.

I told her I'd think about it.

Have questions or comments for Stephen Fried? E-mail him at the_heart_of_a_husband@meredith.com.

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RECIPE
Iced Tea by the Pitcher:
Place 4 tea bags of Salada Green or White tea in a pitcher, add 1 quart of hot water. Steep for 5 minutes (or longer for stronger taste). Pour into ice filled glasses.
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BACK-TO-SCHOOL Essentials

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Don't forget these **back-to-school** essentials to start your year off right...



Kick off the first day of school—and every day after that—with a nutritious and filling breakfast.

The benefits of having a family breakfast are more important than you may think.

A family breakfast makes you more likely to have a balanced meal and eliminates the "morning rush" that causes so many to skip breakfast.

It also helps family members develop good eating habits for life!

Here are some other essential tips to kick-off every morning right!

☑ **Avoid Clothing Wars**
Clothing should be laid out each night before bed with youngsters even playing a role in choosing the outfit.

☑ **Schedule, Schedule, Schedule**
Make sure evening and morning routines become ritual with the same bedtime (preferably earlier than on weekends or in the summer) and wake-up time each day.

☑ **Minimize Distractions**
Keep TV, computer, mp3 and other diversions to a minimum (or none at all) before school!

☑ **Have a Nutritious Breakfast Ready-To-Go**
The fiber and whole grains in **Frosted Mini-Wheats®** are a great way to keep your kids focused and full throughout the morning.





Kellogg's FROSTED Mini-Wheats

Proper nutrition is a lesson that everyone needs. Make sure your complete breakfast includes a glass of milk and a piece of fruit.

For a tasty snack to keep your kids focused and full, try the following recipe

NUTTY CRUNCH SNACK MIX

Preparation Time 10 minutes
Total Time 10 minutes
Servings 16

Ingredients

- 5 cups **Frosted Mini-Wheats® Bite Size** (any flavor)
- 1½ cups small pretzel twists
- ½ cup dry roasted peanuts
- 2 tablespoons margarine
- 2 tablespoons light corn syrup
- ½ cup smooth peanut butter
- 1 cup raisins

Directions

1. In medium bowl, measure KELLOGG'S® **Frosted Mini-Wheats® Bite Size**, pretzels and peanuts. Set aside.

2. In large microwave-safe bowl, heat margarine, corn syrup and peanut butter on HIGH for 30 seconds. Stir until smooth. Add cereal mixture and toss gently until evenly coated.

3. Microwave on HIGH a total of 5 minutes, stirring well after 2 and 4 minutes (use caution, mixture will be hot).

4. Remove cereal mixture from microwave and mix in raisins (use caution, mixture will be hot). Spread on waxed paper lined baking sheet. When completely cool, store in airtight container.

For more great recipes, visit **www.kelloggs.com/recipes**

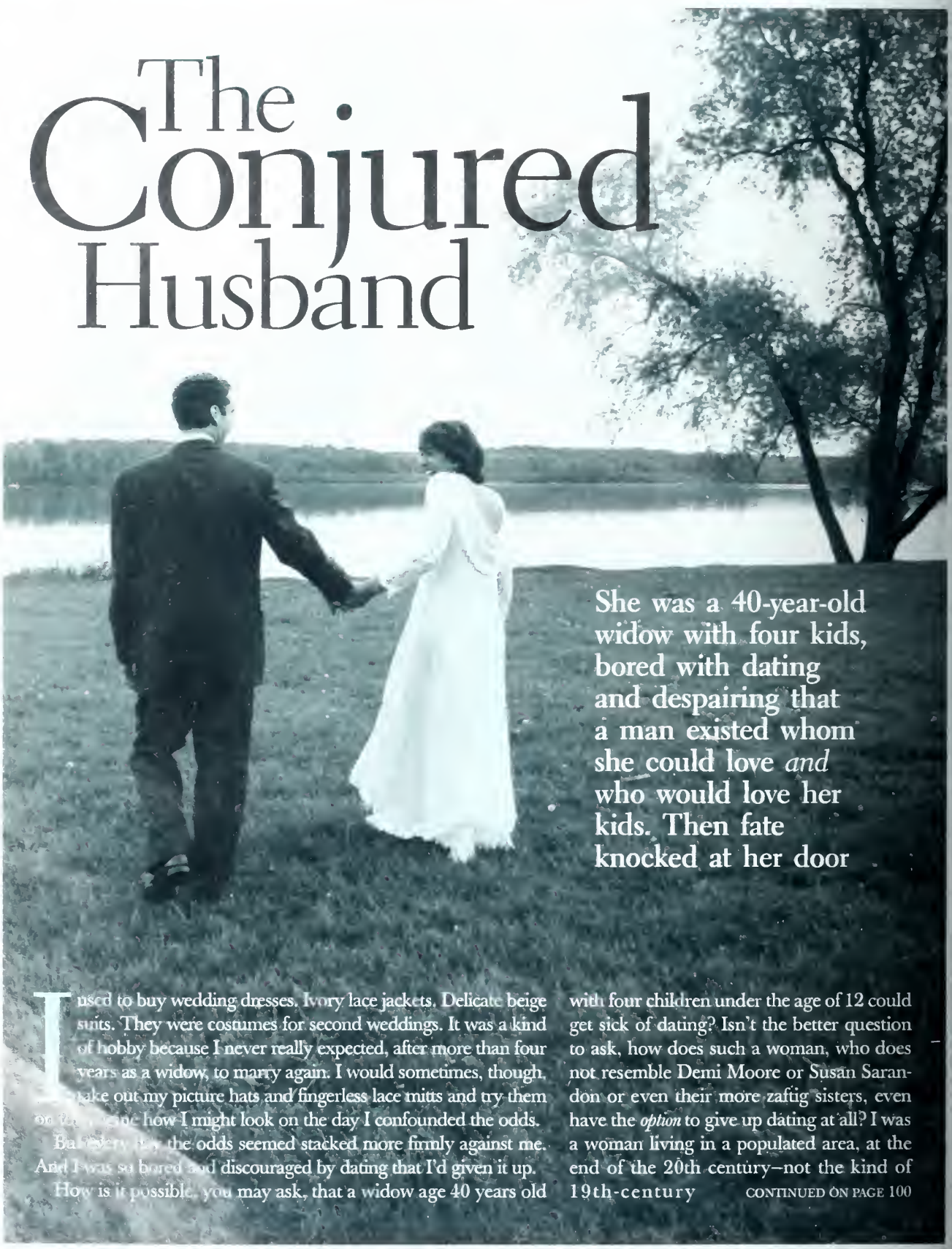




This fall, the most important school supply tastes like cinnamon

Keeps 'em full. Keeps 'em focused.

The Conjured Husband



She was a 40-year-old widow with four kids, bored with dating and despairing that a man existed whom she could love *and* who would love her kids. Then fate knocked at her door

I used to buy wedding dresses. Ivory lace jackets. Delicate beige suits. They were costumes for second weddings. It was a kind of hobby because I never really expected, after more than four years as a widow, to marry again. I would sometimes, though, take out my picture hats and fingerless lace mitts and try them on [illegible] how I might look on the day I confounded the odds.

Ba[illegible] the odds seemed stacked more firmly against me. And I was so bored and discouraged by dating that I'd given it up.

How is it possible, you may ask, that a widow age 40 years old with four children under the age of 12 could get sick of dating? Isn't the better question to ask, how does such a woman, who does not resemble Demi Moore or Susan Sarandon or even their more zaftig sisters, even have the *option* to give up dating at all? I was a woman living in a populated area, at the end of the 20th century—not the kind of 19th-century

CONTINUED ON PAGE 100

EXCERPTED FROM *AFTER THE RING: THE CRAZY WORLD OF ENGAGEMENT, BROKEN BREAKUPS, AND WHAT WOMEN REALLY THINK ABOUT CONTEMPORARY WEDDINGS*, EDITED BY COLLEEN CURAN. PUBLISHED BY PLUME BOOKS, A DIVISION OF RANDOM HOUSE, INC. COPYRIGHT 2007 COLLEEN CURAN. REPRINTED WITH PERMISSION.

I'll never make it through that two-hour recital.

What if I'm the only mom who isn't there?

No, I've got to make it Kate's counting on me

If I get a migraine tomorrow...

Plus I've got the presentation. Maybe Rich could do it?

Who am I kidding? Rich can't handle it I'll just get it done



Thinking about migraines even when you're not having one?

Maybe it's time for a change.

TOPAMAX can help stop migraines before they start so you can get fewer of them to think about. It's believed that TOPAMAX helps "calm" overexcitable nerve cells that start a migraine attack.

TOPAMAX works differently from the treatments you take at the first hint of a migraine. It's a daily prescription medication.

Talk with your doctor about what life is like with migraines and see if TOPAMAX is right for you. While migraines can't be completely eliminated, it just may be the change you're looking for.

TOPAMAX may cause side effects. Please see Important Safety Information below.

Visit **TOPAMAX.com** for tips on living with migraines.

Life shouldn't always revolve around migraines.

TOPAMAX®
(topiramate) tablets

PAMAX is approved for migraine prevention in adults only. TOPAMAX [illegible]

MPORTANT SAFETY INFORMATION

rious risks associated with TOPAMAX include decreased carbonate levels in the blood resulting in an increase in the idity of the blood (metabolic acidosis). Symptoms could include perventilation (rapid, deep breathing), tiredness, loss of appetite egular heartbeat or changes in the level of alertness. Call your ctor immediately if you get these symptoms. Your doctor may ant to do simple blood tests. Chronic, untreated metabolic idosis may increase the risk for kidney stones or bone tissue

her serious risks include decreased sweating and increased body mperature, kidney stones, sleepiness, dizziness, confusion, fficulty concentrating, and increased eye pressure (glaucoma).

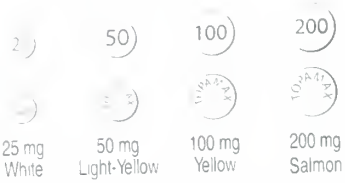
Please see important product information about TOPAMAX on adjacent page.

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INFORMATION
max
blets (topiramate capsules) Sprinkle Capsules

T DO TOPAMAX TABLETS AND SPRINKLE CAPSULES LOOK LIKE?

AMAX® (topiramate) Tablets



25 mg White | 50 mg Light-Yellow | 100 mg Yellow | 200 mg Salmon

TOPAMAX® (topiramate capsules) Sprinkle Capsules



Capsules are white and clear

e: The pictures above show the shapes and lettering of TOPAMAX tablets and sprinkle sules. The wording describes the strength and colors of the medication. Before taking your dicine, it is important to compare the tablets or sprinkle capsules you receive from your lthcare professional or pharmacist with these pictures to make sure you have received the rect medicine.

se read this patient information carefully before you take TOPAMAX and each time you obtain a in case any information has changed. This summary does not contain all the information about PAMAX and is not meant to take the place of talking with your healthcare professional. If you have questions about TOPAMAX, discuss them with your healthcare professional or pharmacist.

AT IS TOPAMAX?

PAMAX is a prescription medicine used:
one to treat seizures in patients 10 years and older
th other medicines to treat seizures in adults and children over age 2
prevent migraine headaches in adults

IO SHOULD NOT TAKE TOPAMAX?

not take TOPAMAX if you are allergic to anything in it. See the end of this leaflet for a complete of ingredients in TOPAMAX

HAT SHOULD I TELL MY HEALTHCARE PROFESSIONAL BEFORE TAKING TOPAMAX?

l your healthcare professional about all of your medical conditions, including if you:
ave kidney problems, especially kidney stones, or are getting kidney dialysis
ave a history of metabolic acidosis (blood and body fluid abnormality)
ave liver problems
ave osteoporosis (weak or brittle bones) and/or soft bones (osteomalacia) or decreased bone nsity (osteopenia)
ave lung or breathing problems
ave eye problems, especially glaucoma
ave diarrhea
ave a growth problem
are on a diet high in fat called a ketogenic diet
are having surgery
are pregnant or planning to become pregnant. It is not known if TOPAMAX can harm your unborn aby
are breastfeeding. TOPAMAX may pass into your milk. Talk to your healthcare professional about the est way to feed your baby while taking TOPAMAX
suffer from depression, mood problems or suicidal thoughts or behavior

ell your healthcare professional about all the medicines you take including prescription and onprescription medicines, vitamins and herbal supplements. TOPAMAX and certain other medicines an affect each other. Sometimes the dose of some of your other medicines or TOPAMAX will have to e adjusted. Especially, tell your healthcare professional if you are taking:
other medicines that impair or decrease your thinking, concentration, or muscle coordination (e.g. entral nervous system depressant medicines).
birth control pills. TOPAMAX may make your birth control pills less effective. Tell your healthcare rofessional if your menstrual bleeding changes while you are taking birth control pills and TOPAMAX.
Keep a list of all the medicines you take. Show this list to your healthcare professionals and harmacists before you start a new medicine.

HOW SHOULD I TAKE TOPAMAX?

Take TOPAMAX exactly as prescribed. Your healthcare professional will usually start you on a low se of TOPAMAX and slowly increase your dose until the best dose is found for you.
TOPAMAX Tablets should be swallowed whole. Avoid chewing the tablets as they may leave a bitter aste.
TOPAMAX Sprinkle Capsules may be swallowed whole or may be opened and sprinkled on a easoon of soft ary type. Examples are applesauce, custard, ice cream, oatmeal, pudding or yogurt. Drink fluids right after to make sure all of the food and medicine mixture is swallowed.
Never store a medicine and food mixture for use at a later time.
TOPAMAX can be taken before, during, or after a meal. Drink plenty of fluids during the day to prevent kidney stones while taking TOPAMAX.
If you take too much TOPAMAX, call your healthcare professional or poison control center right away or go to the nearest emergency room.
If you miss a single dose of TOPAMAX, take it as soon as you can. However, if you are within 6 hours of your next scheduled dose, skip the dose and then take your usual dose of TOPAMAX, and skip the missed dose. Do not double your dose. If you have missed more than one dose, you should call your healthcare professional for advice.
Do not stop taking TOPAMAX unless a healthcare professional tells you to stop taking TOPAMAX. If your doctor tells you to stop taking TOPAMAX, you may be told to slowly stop taking TOPAMAX.

SHOULD I AVOID WHILE TAKING TOPAMAX?

If you are taking other antiepileptic drugs for epilepsy or seizures, you may need to avoid activities such as driving a car, because you may have a higher chance of a seizure. This could result in serious danger to yourself or those around you, including driving a car, climbing in high places, etc. Talk to your doctor before
Unless prescribed by your healthcare professional, you should avoid other medicines that also or decrease your thinking, concentration, or muscle coordination (e.g. central nervous s depressant medicines).
You should avoid drinking alcohol while taking TOPAMAX. Alcohol with TOPAMAX can mak effects such as sleepiness and dizziness worse.
Do not drive a car or operate heavy machinery until you know how TOPAMAX affects you. TOP can impair your thinking, motor skills, and/or vision.

WHAT ARE THE POSSIBLE SIDE EFFECTS OF TOPAMAX?

TOPAMAX may cause the following side effects which can be serious:
• metabolic acidosis. Metabolic acidosis is a condition that happens when there is too much your blood. Metabolic acidosis can cause symptoms such as tiredness, loss of appetite, ir heartbeat, and impaired consciousness. **Call your healthcare professional right away if y these symptoms with TOPAMAX.** Your healthcare professional should do a blood test (meas of serum bicarbonate) to monitor your bicarbonate level while you are taking TOPAMAX.
• eye problems. Serious eye problems include:
• a sudden decrease in vision (acute myopia) with or without eye pain and
• a blockage of fluid in the eye causing increased pressure in the eye (secondary angle glaucoma)
Call your healthcare professional right away if you have a loss in vision or get eye pain problems can lead to blindness if not treated right away. Your healthcare professional will stop TOPAMAX and may recommend other therapy.
• decreased sweating (oligohidrosis) and increased body temperature (fever). Patients, es children, should be watched closely for signs of decreased sweating and fever (increas temperature), especially in hot temperatures. Some patients may need hospital treatment condition.
• effects on thinking and alertness. TOPAMAX may affect thinking skills and cause co problems with concentration, attention, memory, and/or speech. TOPAMAX may cause depre mood problems, tiredness, and sleepiness. Call your healthcare professional right awa experience any of these side effects.
• dizziness or loss of muscle coordination in patients who take TOPAMAX alone or wi seizure medicines.
• high blood ammonia levels and effects on mental activities. High ammonia in the blood ca your mental activities and decrease alertness, can make you feel tired or fatigued, or ca vomiting. This has happened when TOPAMAX has been used with a medicine called valpr (DEPAKENE® and DEPAKOTE®).
• kidney stones. Drink plenty of fluids when taking TOPAMAX to decrease your chances o kidney stones.
• tingling of the arms and legs (paresthesia) is a common side effect of TOPAMAX.
Other side effects with TOPAMAX include loss of appetite, nausea, a change in the way food diarrhea, weight loss, nervousness, aggression, upper respiratory tract infection.
Call your healthcare professional if you have any symptoms that concern you or that do not go a These are not all the side effects with TOPAMAX. For more information, ask your hea professional or pharmacist.

WHAT SHOULD I DO IF I GET PREGNANT WHILE TAKING TOPAMAX?

It is not clear if there is a risk to the fetus/baby if you are exposed to TOPAMAX and you are p Various abnormalities have been described in the offspring of animals exposed to TOPAMA pregnancy. If you use TOPAMAX while you are pregnant, ask your healthcare profession reporting your experience to the North American Drug Pregnancy Registry at Massachusetts Hospital (Boston, MA). This registry collects information about the babies born to women taking drugs to treat various conditions. Information about the North American Drug Pr Registry can be found at http://www.massgeneral.org/aed/. You can also join the registry b 1-877-376-3872

HOW SHOULD I STORE TOPAMAX?

• Store TOPAMAX tablets in tightly-closed containers at room temperature, 59°F to 86°F 30°C). Protect from moisture.
• Store TOPAMAX Sprinkle Capsules in tightly-closed containers at or below 77°F (25°C). Pro moisture.
• Keep TOPAMAX and all medicines out of the reach of children.

General Information About TOPAMAX.
Medicines are sometimes prescribed for purposes other than those listed in Patient Info leaflets. Do not use TOPAMAX for a condition for which it was not prescribed. Do TOPAMAX to other people, even if they have the same symptoms that you have. It m them.
This leaflet summarizes the most important information about TOPAMAX. If you would l information, talk to your healthcare professional. You can ask your health care profes pharmacist for information about TOPAMAX that is written for health professionals. You can www.topamax.com or call 1-800-526-7736 for more information.

WHAT ARE THE INGREDIENTS OF TOPAMAX?

Active Ingredient: topiramate
Inactive Ingredients:
• Tablets - contain lactose monohydrate, pregelatinized starch, microcrystalline cellulose starch glycolate, magnesium stearate, purified water, carnauba wax, hypromellose, titanium polyethylene glycol, synthetic iron oxide (50, 100 and 200 mg tablets) and polysorbate 80.
• Sprinkle Capsules - contain sugar spheres (sucrose and starch), povidone, cellulose gelatin, sorbitan monolaurate, sodium lauryl sulfate, titanium dioxide, and black pharmaceutica

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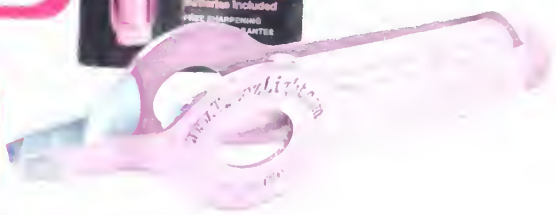


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"widder woman" a cowboy might marry for love of her barn, in other words, for security and three squares a day. I had assets, but not necessarily the kind modern men considered value-added.

And yet, I am not lying. People did come a-courting and I, alas, did tire of them.

They were all nice-enough fellows. There were sweethearts from the past with busted marriages, orthodontists I approached with fervent hopes for free braces in the future, a hotelier and former English soccer pro young enough to be my, *uh* … younger cousin. But all of them failed the critical test. They weren't father material. If I were to marry, the man would be the only father my children would ever know, the only father whom the young ones would truly remember. Either they blanched when they heard about the size and variability of my brood or visibly glazed over when I regaled them with tales of my posse. For me it was a case of this: Love me, love my crew. And that wasn't happening.

And so, as I have done so often, trudging grimly across an arid expanse, I cried into my pillow and turned to my writing.

In my second novel I created the man I would marry: no Tom, Dick or Harry, but a character named Charley Wilder, a sexy younger guy with a ripped T-shirt and ripped biceps beneath it who had a degree and owned a tie, liked classical music and considered the idea of having a big family deeply erotic. "Too bad Charley Wilder doesn't exist in nature," my friends noted as I sent them chapters to read. A free spirit, Charley slept in a woven hammock from the Yucatan he'd strung across his living room. He had a tool belt with three pockets instead of the usual two. Charley on paper was more fun than Joe or Mike or Eric or Ted in real life. In my book he courted a character named Annie Singer, a stiff and edgy lawyer. He came to do carpentry on her house and ended by covering her bridal bed with orchids. They had a baby, although she was "too old," because he just couldn't wait to have a family.

No wonder reviewers found the story line unrealistic.

My author's copies of *The Most Wanted* were sitting unopened in boxes in the hall on the morning the doorbell rang and my daughter Francie, nearly 3, wearing her floor-length summer nightgown, her long dark hair in a tangle, opened it. I heard a male voice ask her, "Are you a Mayan princess?"

Francie answered, insouciantly, "Yes, I am." I unrolled myself from the couch where I'd been catching a post-workout nap, resplendent in my ripped biking shorts and Texas Rangers ball cap, and looked into the clean-water-blue eyes of one of the cutest guys I'd ever seen. He wore jeans, Carhartt boots and a paint-daubed T-shirt that looked as if it had been torn in just such a way for a Gap ad. His tool belt hung low on his hips, with three pockets instead of the usual two. When he shook my hand, I noticed he smelled of pine needles. My college-age assistant would later tell me I had that look people get after a near-death experience.



The couple as they hear the words "you are husband and wife"

"Hi, sport," said the guy, who looked to be about 21. (He was, in fact, 32.) I felt myself assume the demeanor of a puddle of warm pudding; and the fact that I could neither speak nor look at him did not augur a relationship. I pointed the way upstairs to where he would be doing . . . carpentry, and although I was too young for a hot flash, I flushed when he removed something from his tool belt. He was obsessed with measuring, he later told me in passing, because he liked a tight fit. I remained conscious.

The next morning I prepared to greet him, having employed mascara and a curling iron. He didn't show up. By 10 A.M. I was furious. By 11 I had decided to not put my faith in tool belts. I had changed back into a sweatshirt from a sweater by the time he showed up in his absurd yellow van. He apologized. He had remained up far too late reading my novel, a copy of which my assistant had thoughtfully given him, and he wondered if we might later take a few minutes to discuss it.

Discuss my novel? He looked CONTINUED

Tyson

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like this and he wanted to *discuss my novel?* In my experiences, deltoids like his did not usually coincide with bookishness. But my first novel, he mentioned, had been one of his mother's top 10 all-time favorites. He himself had not read it, he said, but hoped to.

And so we began to spend half our workdays gabbing in my garage, sitting on overturned plaster buckets. I was fixing up my house to sell it and working on my third novel. Chris's college degree was in studio arts, but he was proud of being a carpenter. He had made beautiful environments, gazebos, multitiered and unusually shaped, and loved the botanical aspect of his work. He hoped to move to New Mexico soon. I caught myself hoping against his hopes.

It didn't take a psychic to recognize that I had conjured up Charley Wilder . . . from longing and imagination, and somehow, the universe had listened and sent my vision to me. He had the look, demeanor and the, *ah*, equipment of the man I'd created in the novel, the one who convinced Annie Singer (who, like me, had been around the block before the block had sidewalks) to give up her misgivings about men in general and be swept away—into his hammock and his love.

Still, I wasn't sure for some weeks.

What I had, I realized in days to come, was a giggly teenage crush. So did Chris. We rode around in his van and sat on the hood looking at the stars. We lost a combined total of about 20 pounds. And we never did a single thing but hold hands. Chris didn't want to kiss me, he told me, because he didn't like things that ended, and if this was to be a thing that ended, he wanted it to end with a friendship instead of a premature and truncated love affair. Still, late at night he called me, and while my children banged furiously on the bathroom door, we gushed for hours. We sang to Tom Petty on the radio. We talked obliquely about how some men *liked* marrying women with children, and how some older women needed a younger man to keep up with them.

The first time I visited his sparse apartment, I noticed the 18-foot hammock from the Yucatan strung across the living room.

The second time I visited, he proposed. The way he put it was this: "I've been wondering. I think you're remarkable. And you seem to think I am. And so, I thought I'd ask if you would do me the honor of marrying me?"

I reminded him about my children, with whom he'd been playing basketball in our yard after work, the closest I'd ever allowed any man I had dated to come to them.

"I'd like 10 children," he announced.

I asked when he hoped this nuptial event might take place. He said, "Well, let's see, what's today? Saturday? Do they do weddings on Monday?"

> We married in haste and wondered at leisure just what we had done

I gulped. But the universe had indeed handed me my fantasy on a plate. I gulped again and nodded. Mad with excitement, unable to sleep, we went for breakfast at one of those horrible pancake places where everyone is up too early or too late. In what I would learn was a statement characteristic of him, Chris said, "Tonight I'm only grateful that I'm not anyone else on earth." He paused, glancing at the behemoth farmers and scrawny goth children around us. "Especially anyone in this restaurant."

At 6 A.M. we went to the house of my best friend, who'd been a rabbi, and asked her if she would marry us on Wednesday. She had been invited that coming Wednesday night to a dinner in Ohio to sit with President Clinton. She declined in order to perform our marriage instead. Finally we headed to my house.

When I told my sons I was going to be married, after nearly five years of widowhood, my youngest son pulled me aside and asked, "Does this mean he'll live here?"

I'd phoned the people whose country house I was in the process of buying to ask whether I might bring by a few friends to see the place on a night just a few days hence. How we pulled this together is still a mystery. Of course I had the dress—I had a closet of selections. But I needed a bouquet with violet orchids (an obliging neighbor and bridesmaid went to work on that). We made phone calls to extra-close friends and relatives, many of whom had the same reaction as my ever-tolerant brother: "Married. To the Zen carpenter. Wednesday. Right. Well, game on!" My father was so confused he thought I was asking him to *someone else's* wedding. One friend surreptitiously surprised me with a gift of two white limos that showed up later in the afternoon, drawing the CONTINUED


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attention of the neighborhood. My assistant hired out a room at my favorite Italian restaurant: a baker buddy whipped up a multitiered carrot cake for the chocolate-allergic bride. A photographer I knew agreed to shoot the wedding all in black and white and on two days' notice. When Chris's dad asked what the rush was, we were able to reply that it wasn't us, it was everything around us. We weren't afraid we'd back out; but we were afraid that so many people would give us so much adverse advice that we wanted to put their words back into their mouths before they came out.

Through all the bustle I was curiously calm, and *calm* is not a word often used in connection with me. In fact, a friend once told me of the philosophy "be like snow"—in other words, fall softly on the earth but still nurture it, as does the rain. She said, "In your case, I'd suggest, be like hail." But in this case, even when the wedding rings had to be driven in a cab from the jeweler a half hour before the ceremony, I never doubted that everything would go without a hitch. I had chosen the loveliest and laciest of my wedding dresses: an ivory ballet-length skirt with a fitted bodice and a high neck in front that dropped away in the rear view. Just before we left, Chris said, "You have the most beautiful back." At 5 o'clock, with everything somehow in order as if an Olympian maestro had guided it, we were ready to head to our soon-to-be-new home and the council oak under which we would marry at sunset. It was May 13; I got 21 mosquito bites on my beautiful back during the 20-minute ceremony, in which we promised to honor each other with all that we were and all that we had, in a variation of the words from the Book of Common Prayer.

Each of my three boys had chosen a passage to read. The eldest read. "Two roads diverged in a wood, and I, I took the one less traveled by, and that has made all the difference."

My middle son read, "Eventually, all things merge into one, and a river runs through it . . . On some of the rocks are timeless raindrops. Under the rocks are the words."

And my youngest son, just 7, read, "It is not often someone comes along who is a true friend and a good writer. Charlotte was both."

At the reception, friends made side bets on how long this marriage, a culmination of a five-week courtship, would endure. The long shot was a year.

But it has been eight years, three more children, whales of laughter and oceans of tears since that day. (We adopted Mia nine months after we were married, and Will and Atticus came along later.) We married in haste and wondered at leisure just what we had done. But I am stubborn and so is he. And we were both committed, in part, to prove the doubters wrong. The children quickly let it be known that even if we occasionally yell at each other like people in an opera—and, at first, we did—no one was going anywhere. And no one has.

Writing has its own way of making things manifest. I don't have a spiritual bone in my body, but putting things down somehow seems to nudge at least some of them into being, perhaps because, as we write them, we bring them forth so utterly from the core of our selves.

And by the way, we got four hammocks as wedding gifts.



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BACK TO SCHOOL FOR BOOMERS

A generation that specialized in breaking the rules is doing it again, proving it's never too cool for school. This fall nearly 2 million baby boomers—some 60 percent of them women—will be heading to college, many for the first time. Like older students in past generations, the majority enroll purely for intellectual enrichment, says Brian Pusser, Ph.D., coauthor of a recent University of Virginia study on this topic. But an ever-increasing number are there to get the credentials they need to change careers. "The demands of a knowledge economy and globalization increasingly require workers to have college degrees," Dr. Pusser observes.

Indeed, job change is a hallmark of baby boomers: In a recent AARP survey, 26 percent of respondents 42 and above had begun new careers in the previous year. "Many worked in fields that are no longer viable and lack the technical skills that newer industries require," says Norma Kent, a spokeswoman for the American Association of Community Colleges. "They're pursuing higher education to get the retraining they need to continue working. They realize Social Security won't be enough." *–Lauren Strupp*





GOOD MORNING AMERICA ABC

Robin Roberts

WHAT GIRLS REALLY NEED

If you're the mother of daughters, encouraging them to participate in sports is the best gift you can give them. Playing sports, feeling the competitive drive, winning and losing—these experiences build self-esteem and character. Even grown women can be timid because they get stuck feeling they have to be liked and have to please everyone. I assure you, sports shakes that out of you. On the court or field, you don't care whether the other team likes you. You just want to win. It makes you stronger. So do your daughters a huge favor and introduce them to sports. It's the best training ground for adult life.

Drive as I Say, Not as I Do

Driving is potentially one of the most dangerous activities your teen will ever engage in, yet many parents themselves set poor examples of safe driving. A new survey has found that 25 percent of parents engage in unsafe driving habits, such as multitasking behind the wheel, in front of their kids. Moreover, parents don't talk about the hazards. Although three-quarters of parents discuss the risks of smoking, illegal drug use and peer pressure by the time kids are 12, barely a quarter broach the topic of safe driving.

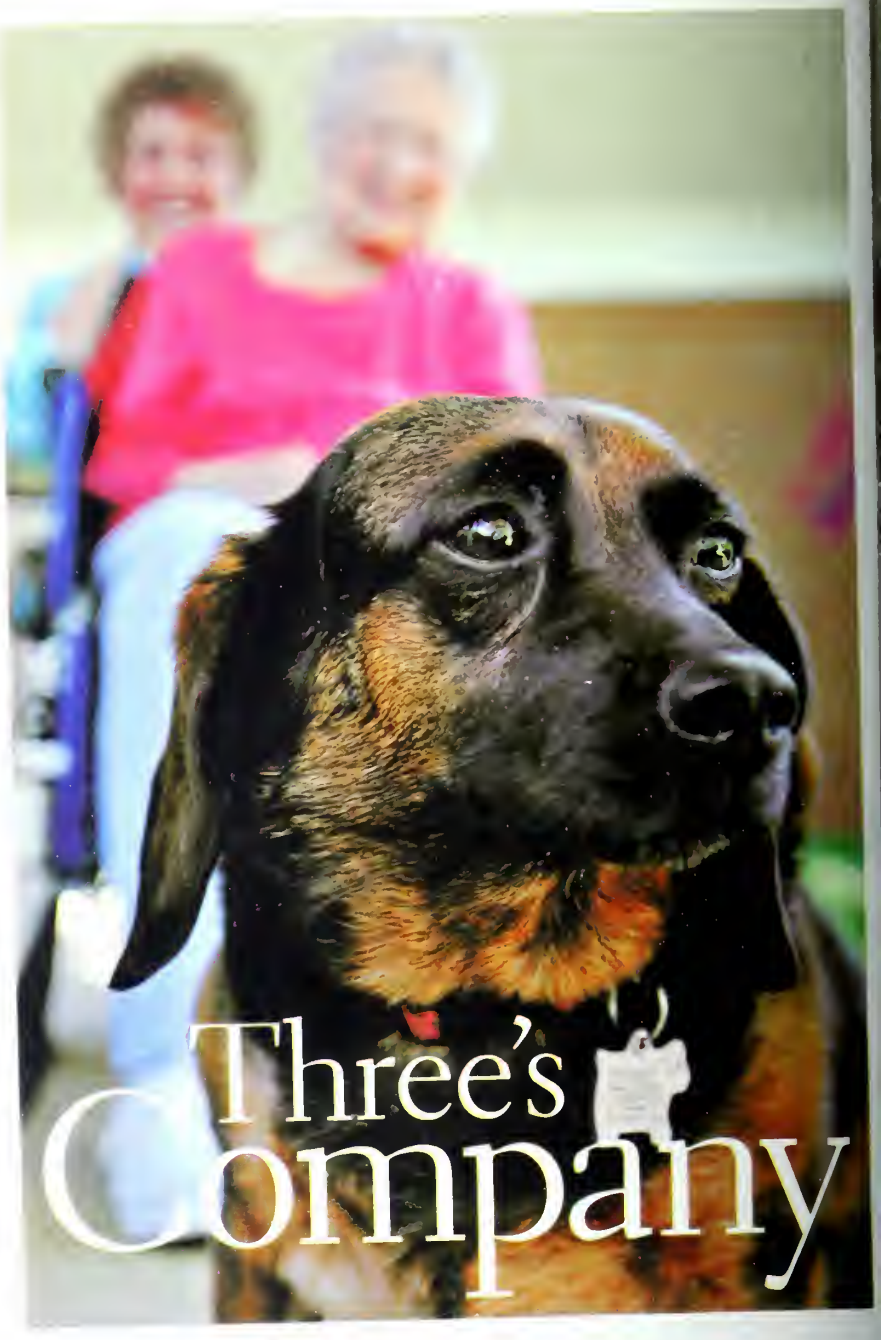
Car crashes remain the leading cause of death among teenagers, accounting for nearly 5,500 fatalities and 450,000 injuries annually. That's why safe driving should be the topic of serious and ongoing conversation with your children from the time they are small, says Laurence Steinberg, Ph.D., a psychology professor at Temple University and coauthor of the study, from the Allstate Foundation. "The sooner you bring it up, the better," he says. "Don't wait until they get their learner's permit." Most of all, parents need to be good role models. So put down that cell phone, stop at yellow lights and focus on the road. *–K. Emily Bond*



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Three's Company

Bighearted Brownie creates bonds of love between those who need it most

Margo Oxendine pulls her SUV into a parking spot in front of the Springs Nursing Center, in Hot Springs, Virginia, and hops out, her red curls bouncing. Bounding out after her is a 5-year-old female dachshund-beagle mix with big brown eyes and a pink flowered collar. "Come along, Brownie," she says to the dog, who wags her tail expectantly.

As they walk through the glass doors of the nursing home, Brownie begins to wag her tail even more furiously. Nurses and staff coo at her and stroke her long silky ears. Brownie humbly accepts the adulation, pausing at every wheelchair and passerby, sniffing as she seeks the special someone she and Oxendine visit several times a month.

"Do you know where Anna is?" Oxendine asks a staff member, who directs her to the common room, where residents chat and watch TV. As soon as Brownie sets eyes on 90-year-old Anna Johnson, with whom she lived for the first four years of her life, she leaps into her former mistress's lap and licks her chin. Soft gray hair wreathes Johnson's smiling face. Her eyes crinkle with happiness as she beholds her furry friend.

Soon Oxendine, 55, is pushing Johnson's wheelchair down the hallway to her room, with Brownie taking advantage of the free ride. The two women settle into their routine, almost like mother and CONTINUED

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daughter, though just a year ago they were strangers. Brownie brought them together, and now Oxendine comes faithfully to visit Johnson, a longtime widow who suffers from mild Alzheimer's disease and has no close family of her own.

Oxendine's own mother passed away two years ago and her most prominent memory of her mom is her willingness to perform good deeds for friends and neighbors—including regular visits to residents at the nursing home. "Coming here is a way I can honor my mother," she says.

Oxendine, who married and divorced at a young age and has no children, had wanted a dog for a while. However, with an active social and professional life—she's executive director of the local historical society, a real estate agent and a newspaper and magazine writer—she feared that her schedule was too hectic to add a dog to the mix. "We convince ourselves we're too busy to do the things that would really make us happy," she says.

During the summer of 2006 Oxendine learned of Brownie from a local veterinarian, Ellen Miller, who had taken in the pup temporarily after Johnson moved to the nursing home. Miller was employing Brownie at the animal hospital. Her job? Wagging her tail to welcome patients to the clinic. Brownie was an ace at her new career. But Miller wanted to settle Brownie in a permanent home with someone who would adopt her and be agreeable to taking her on visits to Johnson.



Oxendine, left, and Johnson share "custody" of the cuddly Brownie

Oxendine volunteered immediately. "It was a chance to do two good deeds at once," she says. She soon saw, though, that her offer was more than an act of charity. The happiness Brownie brought Johnson gave Oxendine so much joy, she realized she was receiving more than she was giving.

"Brownie has improved my outlook on absolutely everything," Oxendine says. "She makes me laugh."

Today, as Oxendine and Johnson share lunch, they occasionally slip Brownie some of their ham, which she happily wolfs down. "Seeing the dog really puts a smile on Anna's face," says the nursing home's administrator, Susan Williams.

LHJ.com

When Meals On Wheels discovered that seniors were sharing their meals with hungry pets, the group pledged to feed the canine companions, too. Read about its pet-friendly program at **www.lhj.com/MOW**

These days, Brownie goes everywhere with Oxendine, even accompanying her when she delivers food to elderly people as a Meals On Wheels volunteer. "Brownie loves car rides," Oxendine reports. "At our stops, she gets out and trots in with me. I have the impression that people are happier to see her than the food!"

Brownie's career as Hot Springs' unofficial social director continues to expand. "I've even taken her to a few cocktail parties," laughs Oxendine. "Everyone adores her." Brownie is also still putting in time as a greeter at the vet's office. "She has other jobs as well," says Oxendine. When Miller's mother suffered a stroke, the veterinarian took Brownie to visit her and found that other hospital patients enjoyed interacting with the dog, too. So now—though she's not trained as a service animal—she's been deemed the hospital's unofficial pet-therapy dog.

Today at the nursing home Brownie gives Johnson her full attention. The little dog nestles into her lap and occasionally plants a wet kiss on her chin. Oxendine watches with a smile. "My mother is sending me good deeds to do from Heaven," she says.

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Please see Patient Information on the next page.

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Generic name: [Quadrivalent Human Papillomavirus (Types 6, 11, 16, 18) Recombinant Vaccine]

Read this information with care before you or your child gets GARDASIL®. You or your child will need 3 doses of the vaccine. It is important to read this leaflet when you receive each dose. This leaflet does not take the place of talking with your health care professional about GARDASIL.

What is GARDASIL and what is it used for?
GARDASIL is a vaccine (injection/shot) that helps protect against the following diseases caused by Human Papillomavirus (HPV) Types in the vaccine (6, 11, 16, and 18):
- Cervical cancer (cancer of the lower end of the uterus or womb).
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- Abnormal and precancerous vaginal lesions.
- Abnormal and precancerous vulvar lesions.
- Genital warts.

GARDASIL helps prevent these diseases – but it will not treat them.

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What other key information about GARDASIL should I know?
- Vaccination does not substitute for routine cervical cancer screening. Females who receive GARDASIL should continue cervical cancer screening.
- As with all vaccines, GARDASIL may not fully protect everyone who gets the vaccine.
- GARDASIL will not protect against diseases due to non-vaccine HPV types. There are more than 100 HPV types; GARDASIL helps protect against 4 types (6, 11, 16, and 18). These 4 types have been selected for GARDASIL because they cause approximately 70% of cervical cancers and 90% of genital warts.
- This vaccine will not protect you against HPV types to which you may have already been exposed.
- GARDASIL also will not protect against other diseases that are not caused by HPV.
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See "Who should not receive GARDASIL?" below.

Who should not receive GARDASIL?
Anyone who:
- is allergic to any of the ingredients in the vaccine. A list of ingredients can be found at the end of this leaflet.
- has an allergic reaction after getting a dose of the vaccine.

What should I tell my health care professional before I am vaccinated or my child is vaccinated with GARDASIL?
It is very important to tell your health care professional if you or your child:
- has had an allergic reaction to the vaccine.
- has a bleeding disorder and cannot receive injections in the arm.
- has a weakened immune system, for example, due to a genetic defect or HIV infection.
- is pregnant or is planning to get pregnant. GARDASIL is not recommended for use in pregnant women.
- has any illness with a fever more than 100°F (37.8°C).
- takes or plans to take any medicines, even those you can buy over the counter.

Your health care professional will decide if you or your child should receive the vaccine.

How is GARDASIL given?
GARDASIL is given as an injection.

You or your child will receive 3 doses of the vaccine. Ideally the doses are given as
- First dose: at a date you and your health care professional choose.
- Second dose: 2 months after the first dose.
- Third dose: 6 months after the first dose.

Make sure that you or your child gets all 3 doses. This allows you or your child to get the full benefits of GARDASIL. If you or your child misses a dose, your health care professional will decide when to give the missed dose.

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What are the possible side effects of GARDASIL?
As with all vaccines, there may be some side effects with GARDASIL. GARDASIL has been shown to be generally well tolerated in women and girls as young as 9 years of age.

The most commonly reported side effects included:
- pain, swelling, itching, and redness at the injection site.
- fever.
- nausea.
- dizziness.

Difficulty breathing (bronchospasm) has been reported very rarely.

If you or your child has any unusual or severe symptoms after receiving GARDASIL, contact your health care professional right away.

For a more complete list of side effects, ask your health care professional.

What are the ingredients in GARDASIL?
The main ingredients are purified inactive proteins that come from HPV Types 6, 11, 16, and 18.

It also contains amorphous aluminum hydroxyphosphate sulfate, sodium chloride, L-histidine, polysorbate 80, sodium borate, and water for injection.

What are cervical cancer, precancerous lesions, and genital warts?
Cancer of the cervix is a serious disease that can be life-threatening. This disease is caused by certain HPV types that can cause the cells in the lining of the cervix to change from normal to precancerous lesions. If these are not treated, they can turn cancerous.

Genital warts are caused by certain types of HPV. They often appear as skin-colored growths. They are found on the inside or outside of the genitals. They can hurt, itch, bleed, and cause discomfort. These lesions are usually not precancerous. Sometimes, it takes multiple treatments to eliminate these lesions.

What is Human Papillomavirus (HPV)?
HPV is a common virus. In 2005, the Centers for Disease Control and Prevention (CDC) estimated that 20 million people in the United States had this virus. There are many different types of HPV; some cause no harm. Others can cause diseases of the genital area. For most people the virus goes away on its own. When the virus does not go away it can develop into cervical cancer, precancerous lesions, or genital warts, depending on the HPV type. See "What other key information about GARDASIL should I know?"

Who is at risk for Human Papillomavirus?
In 2005, the CDC estimated that at least 50% of sexually active people catch HPV during their lifetime. A male or female of any age who takes part in any kind of sexual activity that involves genital contact is at risk.

Many people who have HPV may not show any signs or symptoms. This means that they can pass on the virus to others and not know it.

Will GARDASIL help me if I already have Human Papillomavirus?
You may benefit from GARDASIL if you already have HPV. This is because most people are not infected with all four types of HPV contained in the vaccine. In clinical trials, individuals with current or past infection with one or more vaccine-related HPV types prior to vaccination were protected from disease caused by the remaining vaccine HPV types. GARDASIL is not intended to be used for treatment for the above mentioned diseases. Talk to your health care professional for more information.

This leaflet is a summary of information about GARDASIL. If you would like more information, please talk to your health care professional or visit www.gardasil.com.

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Once they were my closest confidantes, my perfect playmates, witness to every important (and unimportant) event of my life. Now kids and work have crowded them out. Is there a way to find my way back?

Friends, Lost and Found

It's another Saturday here at Field Four, a vast landscape dotted by girls with swishy ponytails, shin guards and cleats. Like any soccer mom worth her sun visor, I have come prepared. I've got my diet soda, bag of baby carrots, cell phone, romance novel, knitting project and, perhaps most admirably, one of those collapsible chairs with spindly legs that look like spastic spiders as they unfold. My chair is deluxe—replete with cup holder and a tiny umbrella that pops up in case of rain.

I am, that is, advanced. I've got an 8-year-old and a 6-year-old, so when it comes to soccer mom-hood, I know my stuff. I used to complain about how much time I spent here at Field Four. Now I just think of it as opportunity to pursue portable hobbies—like knitting.

Today I've got a new plan to pass the time, really the best idea I've come up with in months. In addition to my regular arsenal of time killers, today I've also brought a clipboard with a yellow pad and a list of CONTINUED

names. I'm going to go down my list and call these people. Friends.

Remember friends?

Real friends. Not the people of convenience you run into as a working mom. Not your coworkers, not your kids' friends' moms, not teachers or coaches, not any of the people you spend your days being polite to. Friends. The connections you made way back when you were just a forming adult, before you gave your life over to diapers, and sippy cups, and mortgage payments. Friends.

Remember friends—the connections you made before diapers and mortgages?

We called ourselves "The Babes." We did everything together. We knew everything about one another. Beth, BK, Nancy, Wendy. We used to be central to one another's days. We went to movies, all the new restaurants, shoe stores. There was a time we had no problem organizing not one but two Caribbean vacations together over a three-year period—now we can scarcely manage to organize a shared cup of coffee once a month. The situation has gotten so out of hand it's keeping me up at night. Friends. I miss my friends.

"Mom, did you see that!?" My daughter Anna runs up to me and says. *Um*, yes, I did. She kicked the ball high into the air, which frankly looked a lot more kickball to me than soccer. "That was so cool!" she says. I congratulate her. She asks for water. She wants to know what I'm doing with the clipboard and I try to explain. "You forgot who your friends are?" she says.

"Huh?"

"You had to write their names down?"

"No, honey"—I tell her to get back into the game, realizing how sad this is. I had to make a list of The Babes, the very people who once were like sisters.

I call Nancy first. I get her voice mail. In the background of her greeting I can hear her 6-year-old son laughing, and then the sound of a puppy yapping. A puppy? Whose puppy? I leave a message, then try Beth, who is also not home. Finally, BK answers. "Hey, babe," I say, not needing to further identify myself. "Did Nancy get a new dog?"

It takes her a moment to catch up. "A new dog?" she says. "Don't you think we would have heard?"

"I'm just thinking that it would be kind of soon after Buster," I say.

"Buster?" she says. "Did something happen to Buster?"

"Oh, babe," I say. "I'm sorry to be the one to tell you." Buster was the golden retriever puppy we surprised Nancy with on her 30th birthday. More than 10 years have passed and Buster, having moved into old dog-hood, succumbed to cancer. I can't believe BK didn't know he died. How could such an important event have bypassed even one of us?

"I've been kind of busy with my mom," BK says, filling me in with the news that her mother will be moving to a nursing home. "I've been shopping for places for her," she says. "Some of them are pretty nice."

As I listen to BK describe her adventures into the world of nursing homes, I think: She's going through all of this without The Babes? Shouldn't we be there for her? But how can you be there for an old friend when all the new acquaintances are filling up your time? We're all having the same problem: complicated lives filled with people who need immediate attention, all those coaches and coworkers and teachers and bus drivers and school-lunch-money takers. You spend your day responding, because you have to. Because this is who you are now. The person you used to be, the person with deep connections worthy of tender care, is simply put on hold.

"Hang on," I say to BK, "I have to talk to this woman." A team mom with a blond bob is approaching. She always looks so serious and so put together—coordinated exercise clothes, clean cross-trainers, a melon-colored tote bag. She is the sort of person who makes me feel inferior as a soccer mom, even though I'm the one with the more deluxe chair. (I actually checked hers out the other day to see if it had the umbrella feature, which it did not. What is happening to me?)

"Hi!" she says, all perky. "I just wanted to make sure you know you're on the concession stand tomorrow night!"

The concession stand? Oh, dear. "Yes, I know!" I lie, in my perkiest voice. "I've got that on my calendar!"

CONTINUED

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"Great!" she says, adding, "and may I just say your little Anna sure is improving!"

Okay, first of all, are we going to keep talking in exclamation points? And second, I really want to get back to my conversation with BK. And third, let's be honest: Anna's improvement is definitely not what you'd call exponential.

"Frankly, I think soccer is better for Anna than Anna is for soccer," I quip. As the words come out of my mouth I think: *Well, that's a deep thought.* It's so true! My little girl is learning so much about sportsmanship, the difference between aggression and assertion, and team unity from her time here on Field Four. She is, however, clearly destined to do nothing for the advancement of America's standing in the World Cup.

It would be nice to have this conversation with this woman, soccer mom to soccer mom. It would be nice to sit her down and have a meaningful discussion. I'm looking at her, hoping. But she has no interest, or no time. Or maybe I'm the one projecting that problem. Maybe I'm pushing her away? "Okay, I've got to find Elaina's mom and tell her she's on scoreboard tomorrow!" she says. And she is gone. I go back to BK. "Did you hear that conversation?" I ask.

"Wow," BK says, "that was a deep thought you had about Anna."

"See, this is why I love you," I tell her. We talk about girls, and sports, and confidence, and sisterhood. These are the kinds of conversations we used to have, as easy and yet essential as breathing. "God, I miss you," I say.

Just then, my call-waiting clicks in. I look to see that it's Beth calling me back, and put BK on hold.

"Babe!" Beth says. "So great to hear your voice! I'm just getting back from Joe's."

Joe's? Is this a new man I don't know about? Or perhaps some sort of hamburger place? I'm ashamed of my ignorance and figure I'll ask BK later. "Hey, did Nancy get a new dog?" I ask.

"You didn't hear about the puppy?" she says.

"Did you hear BK's moving her mom to a nursing home?"

"What? I didn't even know she was sick."

"You didn't know about the operation?"

"*What?*"

"This is ridiculous," I say. "How can we all be so behind on Babe news?" She agrees. She says let's get out our calendars. I tell her I already know how this conversation is going to end. This is exactly how it has gone for years now: "We have to plan a Girls' Night Out!" one of us will say. We'll e-mail open dates, find one in common, but then one of us will have to go out of town on business, or get called into a parent-teacher conference at the last minute, or have to suddenly make the Jell-O treats for a kid sports banquet for 24 players. Sooner or later we give up. "Let's talk next month when things settle down," one of us will say. Months will go by and the cycle repeats.

> We are slipping away from each other, I realize with sweet sadness and longing

We are slipping away from each other. That's the truth of it. With sweet sadness and longing, I realize I used to live a life of unfolding narratives with my single girlfriends—each day a new boyfriend or career or hair emergency—instead of unfolding chairs in front of kids running soccer drills.

My call-waiting clicks. It's BK again. I tell Beth to hang on.

"Nancy got a new dog!" BK says. "I have her on the other line!" I ask her if Beth is seeing someone named Joe.

"Joe?" she says.

I click back over to Beth. This clicking goes on and on, a sharing of news coming in bursts of excited blips and bleeps. "Where is Wendy?" Beth asks. "If we had Wendy on the line we could do a Girls' Night Out via conference call."

A conference call. A Girls' Night Out conference call. We click back and forth entertaining this truly pathetic truth: It might be our only hope. But Nancy has to go pick up her son from a birthday party. And we need to locate Wendy. We decide to schedule our Girls' Night Out conference call for tomorrow night.

"Wait," I say. "I'm on concession stand tomorrow night."

I am getting an official headache.

Just then the perfect perky soccer mom approaches once again. This time, she's carrying her chair. Huh? She walks up, unfolds her chair right CONTINUED ON PAGE 120

When a child has ADHD, his success isn't only measured by making a better grade.



(Sometimes success is making a better move.)

Is your child accomplishing his personal goals outside of school? Is he as focused in his social relationships and favorite pastimes as much as his homework assignments? Is he realizing his full potential? If your child's ADHD is interfering with life outside of school, talk to your doctor about once-a-day CONCERTA, available by prescription only.

In a clinical study, children with ADHD taking CONCERTA were not only able to focus on and complete more math problems accurately, they also showed improved behavior in activities, games, and social situations. And CONCERTA contains methylphenidate, a medication that is recommended among first-line therapies by the American Academy of Pediatrics as part of a comprehensive ADHD treatment program.

For Attention Deficit Hyperactivity Disorder (ADHD)

ONCE-DAILY
CONCERTA® C
methylphenidate HCl Extended-release tablets 18 mg, 27 mg, 36 mg, 54 mg

mportant Safety Information

alk to your doctor for a proper diagnosis and treatment of ADHD. Only a doctor can decide whether medication is right for you or your child.

ONCERTA should not be taken by patients with: significant anxiety, tension, or agitation; allergies to methylphenidate or other ingredients in ONCERTA; glaucoma; Tourette's syndrome, tics, or family history of Tourette's syndrome. Abuse of methylphenidate may lead to dependence.

ell your healthcare professional if your child has had problems with alcohol or drugs, has had depression, abnormal thoughts or visions, bipolar disorder, eizures, high blood pressure or has had any heart problems or defects. If your child develops abnormal thinking or hallucinations, abnormal, extreme moods nd/or excessive activity, or if aggressive behavior or hostility develops or worsens while taking CONCERTA, consult your healthcare professional.

he most common adverse events reported in children receiving up to 54 mg were headache, upper respiratory tract infection and bdominal pain. The most common adverse events reported in adolescents receiving up to 72 mg were headache, accidental injury and insomnia. **lease see accompanying Medication Guide.**

ADHD Meet three families who wouldn't let ADHD win.
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ATION GUIDE
ERTA® (kon SER-ta)
hylphenidate HCl)
ded-release Tablets Ⓒ

the Medication Guide that comes with CONCERTA®
re you or your child starts taking it and each time you get
ill. There may be new information. This Medication Guide
s not take the place of talking to your doctor about you or
child's treatment with CONCERTA®.

hat is the most important information I should know about NCERTA®?

e following have been reported with use of ethylphenidate HCl and other stimulant medicines:

Heart-related problems:

- **sudden death in patients who have heart problems or heart defects**
- **stroke and heart attack in adults**
- **increased blood pressure and heart rate**

ll your doctor if you or your child have any heart problems, eart defects, high blood pressure, or a family history of these oblems.

our doctor should check you or your child carefully for eart problems before starting CONCERTA®.

our doctor should check you or your child's blood pressure nd heart rate regularly during treatment with CONCERTA®.

all your doctor right away if you or your child has any signs f heart problems such as chest pain, shortness of breath, or ainting while taking CONCERTA®.

Mental (Psychiatric) problems:

All Patients

- **new or worse behavior and thought problems**
- **new or worse bipolar illness**
- **new or worse aggressive behavior or hostility**

Children and Teenagers

- **new psychotic symptoms (such as hearing voices, believing things that are not true, are suspicious) or new manic symptoms**

Tell your doctor about any mental problems you or your child have, or about a family history of suicide, bipolar illness, or depression.

Call your doctor right away if you or your child have any new or worsening mental symptoms or problems while taking CONCERTA®, especially seeing or hearing things that are not real, believing things that are not real, or are suspicious.

CONCERTA® is a federally controlled substance (CII) because it can be abused or lead to dependence. Keep CONCERTA® in a safe place to prevent misuse and abuse. Selling or giving away CONCERTA® may harm others, and is against the law.

Tell your doctor if you or your child have (or have a family history of) ever abused or been dependent on alcohol, prescription medicines or street drugs.

Who should not take CONCERTA®?

CONCERTA® should not be taken if you or your child:

- are very anxious, tense, or agitated
- have an eye problem called glaucoma
- have tics or Tourette's syndrome, or a family history o Tourette's syndrome. Tics are hard to control repeate movements or sounds.
- are taking or have taken within the past 14 days an anti-depression medicine called a monoamine oxidas inhibitor or MAOI.
- are allergic to anything in CONCERTA®. See the end this Medication Guide for a complete list of ingredien

CONCERTA® should not be used in children less than 6 yea old because it has not been studied in this age group.

CONCERTA® may not be right for you or your child. Before starting CONCERTA® tell your or your child's doctor about health conditions (or a family history of) including:

- heart problems, heart defects, or high blood pressur
- mental problems including psychosis, mania, bipolar illness, or depression
- tics or Tourette's syndrome
- seizures or have had an abnormal brain wave test (E
- esophagus, stomach, or small or large intestine prob

Tell your doctor if you or your child is pregnant, planning to become pregnant, or breastfeeding.

Can CONCERTA® be taken with other medicines?

Tell your doctor about all of the medicines that you or you child take including prescription and nonprescription medicines, vitamins, and herbal supplements. CONCERTA and some medicines may interact with each other and cau serious side effects. Sometimes the doses of other medicin will need to be adjusted while taking CONCERTA®.

Your doctor will decide whether CONCERTA® can be taken other medicines.

Especially tell your doctor if you or your child takes:

- anti-depression medicines including MAOIs
- seizure medicines
- blood thinner medicines
- blood pressure medicines
- cold or allergy medicines that contain decongestan

Know the medicines that you or your child takes. Keep a list of your medicines with you to show your doctor and pharmacist.

Do not start any new medicine while taking CONCERTA® without talking to your doctor first.

How should CONCERTA® be taken?

- **Take CONCERTA® exactly as prescribed.** Your doctr may adjust the dose until it is right for you or your c

What Is CONCERTA®?

CONCERTA® is a central nervous system stimulant prescription medicine. **It is used for the treatment of attention deficit and hyperactivity disorder (ADHD).** CONCERTA® may help increase attention and decrease impulsiveness and hyperactivity in patients with ADHD.

CONCERTA® should be used as a part of a total treatment program for ADHD that may include counseling or other therapies.

o not chew, crush, or divide the tablets. Swallow ONCERTA® tablets whole with water or other liquids. ell your doctor if you or your child cannot swallow ONCERTA® whole. A different medicine may need to e prescribed.

ONCERTA® can be taken with or without food.

ake CONCERTA® once each day in the morning. ONCERTA® is an extended release tablet. It releases nedication into your/your child's body throughout ne day.

he CONCERTA® tablet does not dissolve completely in ne body after all the medicine has been released. You r your child may sometimes notice the empty tablet in bowel movement. This is normal.

rom time to time, your doctor may stop CONCERTA® reatment for a while to check ADHD symptoms.

our doctor may do regular checks of the blood, heart, nd blood pressure while taking CONCERTA®. Children should have their height and weight checked often while taking CONCERTA®. CONCERTA® reatment may be stopped if a problem is found during hese check-ups.

f you or your child takes too much CONCERTA® or overdoses, call your doctor or poison control center right away, or get emergency treatment.

are possible side effects of CONCERTA®?

What is the most important information I should know CONCERTA®?" for information on reported heart and problems.

serious side effects include:

slowing of growth (height and weight) in children

seizures, mainly in patients with a history of seizures

eyesight changes or blurred vision

blockage of the esophagus, stomach, small or large intestine in patients who already have a narrowing in any of these organs

on side effects include:

- headache
- stomach ache
- trouble sleeping
- decreased appetite
- nervousness
- dizziness

your doctor if you or your child has side effects that thersome or do not go away.

not a complete list of possible side effects. Ask your or pharmacist for more information.

hould I store CONCERTA®?

Store CONCERTA® in a safe place at room temperature, 59 to 86° F (15 to 30° C). Protect from moisture.

Keep CONCERTA® and all medicines out of the reach of children.

al information about CONCERTA®

ines are sometimes prescribed for purposes other than listed in a Medication Guide. Do not use CONCERTA® ondition for which it was not prescribed. Do not give ERTA® to other people, even if they have the same ion. It may harm them and it is against the law.

This Medication Guide summarizes the most important information about CONCERTA®. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information about CONCERTA® that was written for healthcare professionals. For more information about CONCERTA® call 1-888-440-7903 or visit www.concerta.net.

What are the ingredients in CONCERTA®?

Active Ingredient: methylphenidate HCl

Inactive Ingredients: butylated hydroxytoluene, carnuba wax, cellulose acetate, hypromellose, lactose, phosphoric acid, poloxamer, polyethylene glycol, polyethylene oxides, povidone, propylene glycol, sodium chloride, stearic acid, succinic acid, synthetic iron oxides, titanium dioxide, and triacetin.

This Medication Guide has been approved by the U.S. Food and Drug Administration.

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beside mine. "I'm sorry—I know you're on the phone," she says softly. "I'll wait."

Well, now don't I feel rude? The person talking on the cell phone is always the rude one. At times like this you have no choice but to hang up, to leave the cellular world and come back to the place that your actual body is inhabiting: the soccer field.

"I have to go," I say to Beth and hang up. The Babes are gone. I'm back here in the real world, a decidedly lonely place.

> I have an image of all of us in our rocking chairs someday, ready to catch up

The perky one has pictures for me. She took them last week, at the big soccer match. Some are of my daughter and she thought I'd like to have them. It is a kind gesture. It occurs to me that this woman probably has a name, and I should learn it. Why have I closed myself off to her—and to so many others? I wonder if I wear a shield that says: No New Friends, as a way of protecting my connection to The Babes. Friends for life! Nothing will come between us!

But of course something will come between us, and something has. Does that necessarily threaten the truth of our connection? We are friends for life, and as our lives change, maybe it's okay for us to make room for new kinds of friendships, too.

"Thank you for the pictures," I say to the perky one, wishing I knew her name and wondering how I might quietly find out. "That was really kind of you."

My phone rings. It's BK. "Excuse me one second," I say, and take the call.

"I'm sorry to bother you," BK says. "But I've got Nancy and Beth on the line—"

"You're doing a conference call without me?"

"Not really," she says. "We all just decided that since I'm researching nursing homes for my mom, I should try to find a place where we can all end up. Don't you think that's a great idea?" She gives me the image of all us Babes in our rocking chairs, finally having time to really catch up. "And you can teach us all how to knit."

"That sounds glorious," I say. "You think it's pathetic for us to be looking forward to being old ladies in nursing homes?"

She laughs, hangs up. I see that the perky one is looking at me, having overheard bits of this odd conversation.

"A dear old friend," I say. "A bunch of us have been trying to figure out how to find time to get together."

"Oh, I have the same problem," the perky one says.

"You do?"

"It's terrible," she says. "I miss them all so much it keeps me up at night."

We sit in silence a while, watching our girls kick and spin and laugh in the afternoon sun.

"I'm sorry," I say. "What is your name?"

"Jennifer," she says. "It's nice to finally meet you. Would you like to take the kids for ice cream after this?"

I tell her I'd be delighted to.



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By CATHERINE FREDMAN



Using credit cards is far more expensive than you may realize. Here's how to rein in budget-busting charges and fees

How Much Debt Is Too Much?

It's almost impossible to live debt-free in today's world, as anyone who owns a home or has a college-age child knows. But the disturbing new reality is that millions of cash-strapped Americans are flirting with financial disaster by using credit cards just to make ends meet every month.

Despite the relatively strong economy and low unemployment rate, seven out of 10 households report using their credit cards to pay for car repairs and medical expenses—even to put food on the table—according to a 2005 survey by Demos, a public policy research organization, and the Center for Responsible Lending.

Is the problem that we've become a nation of see-it-buy-it consumers with reckless, undisciplined spending habits? Not entirely. After adjusting for inflation, the costs of such basic necessities as housing, health insurance, cars, child care and gasoline have been skyrocketing, according to Elizabeth Warren, a Harvard Law School professor and coauthor of *The Two-Income Trap: Why Middle-Class Parents Are Going Broke*. Many families see their budgets pushed to the limit and are tempted not to pay off their credit card balances, or worse, to make only minimum payments, which just puts them in more debt. With interest rates routinely running in the mid- to high teens—and often higher—and because the typical American family carries nearly $9,200 in credit card debt, according to one calculation that means the typical family spends, on average, at least $1,500 per year on credit card interest alone.

And if for some reason you miss a payment, borrowing on a credit card becomes even costlier. Credit card companies routinely charge high late fees. After one or two late payments, you will see a hike in your interest rate almost immediately; it's not unusual for it to jump to 25 or 30 percent. And thanks to something known as universal default, if you make a late payment on one card and it's recorded in your credit report, your other card companies may raise your rates as well, making it harder and harder to get out of the hole.

As a result, it takes about 20 years to pay off a balance just by making minimum payments. "Credit card debt is the sword of Damocles hanging over a family's head," says Warren. "If all goes well, the sword may not fall. But even a relatively small problem—a temporary job loss, a home emergency insurance doesn't cover—can turn into a catastrophe for a family."

CONTINUED


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A FORMULA FOR SUCCESS

One of the reasons credit card debt gets out of hand is that it's easy to lose track of how much you charge. How many times have you stared in disbelief at your monthly statement, wondering how the amount got so high? But avoiding debt at any cost is not smart either if it means depleting your cash reserves or tapping your retirement funds. The challenge is learning how to judge which debt makes sense and which does not, and to achieve the right balance.

Look into either debit or no-balance charge cards

Ideally, experts say, your total monthly long-term debt payments, including your mortgage and credit cards, generally should not exceed 36 percent of your gross monthly income. But since "gross monthly income" can be difficult for many people to calculate, there is an easier formula, which comes out to approximately the same figure: fifty percent of your take-home pay.

According to Warren's formula, a family can safely commit about half of its take-home pay to must-have expenses. These are the fixed expenses necessary to earn an income: the mortgage or rent and the cost of running a house, including utilities, car payments, health insurance, food, clothing and child-care costs.

If you restrict the must-have costs to 50 percent of your take-home pay and allot 30 percent to what Warren calls "wants"—the lattes, the fuchsia spiked heels, the stuff that's just for fun—you'll have 20 percent left over to build up your savings account.

HEADING OFF TROUBLE

The 50–30–20 ratio can also act as a financial radar detector, signaling when your debt load is approaching the tolerance limit. That's your cue to swing into action so you can avoid—or at least minimize—financial trouble. Follow these suggestions to get out of the danger zone and be able to pay off outstanding debt altogether:

• **Pay off your highest-rate debts first.** "When you have a choice, pay down the credit card with the highest rate of interest first because that debt will otherwise grow biggest soonest," counsels Bonnie Hughes, a certified financial planner in Kennesaw, Georgia. To avoid getting penalized on your other cards, continue paying at least the minimum until the highest-interest debt is paid down, then tackle the next highest, and so on.

• **Negotiate a better deal.** Call the toll-free number for your higher-rate cards and ask the customer service rep if he or she can give you a better deal. Tell the rep you're tempted by offers you're getting for cards with much lower rates. Most credit card companies authorize reps to lower rates rather than risk losing customers. If you succeed, you'll soon notice your minimum payment has gone down, making it easier for you to pay off your balance quicker.

• **Do the credit card hustle.** Transferring your high-interest balance to a zero-percent or low-interest credit card can save you a lot in interest payments and put you on a solid track to whittling down debt. "You can be paying 18 percent interest on $10,000, transfer it to a new card and pay no interest for the first six months," says Jeff Baum, a certified public accountant in New York City. Just be sure to read the fine print, he warns, especially noting the time limit on the low rate, whether it applies to balances or new purchases, and the fee for transferring an existing balance.

• **Cancel the high-rate cards.** As you pay off the high-rate cards, replace them with debit cards, no-balance charge cards or low-interest credit cards (you can compare rates at *www.bankrate.com*). It actually makes sense to have a credit card that you don't use or that has an unused credit balance to serve as a quick, easy source of funds in an emergency, says Baum. "If you're using it just as a fallback, get one without an annual fee. Then you've got a money source that doesn't cost anything." One caveat: If you'll be tempted to use it, stash it somewhere not easily accessible. Warren suggests encasing it in a block of ice in the freezer, but a desk drawer also works.

• **Focus on the future.** Consider what you could do with the $1,500 or so a year you currently pay in interest and late fees. You could put it to good use on a family vacation or a new refrigerator or sock it away in your retirement account. Don't let your past bills hobble your future, Warren urges. "Making the decision to pay off yesterday's debt and focus on tomorrow is the single-most-important thing a person can do to make her family financially safe."

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A PLACE IN THE SUN

Decorate your sunroom to suit your family style—whether it's nestling with nature or unwinding in wicker

With fall on the way, many of us are reluctantly dragging our outdoor furniture to the basement and resigning ourselves to days spent indoors. Those lucky enough to have a sunroom have a consolation prize, but for those who don't, there are ways to create the feel of one in any space that gets good light. If a room has window treatments, the first step is to maximize the sunshine by removing them or switching opaque curtains for sheers. Also important: Let the outdoors inspire your décor by choosing a bright palette, vivid floral fabrics and organic materials, such as sea-grass rugs or wicker furniture. Last, bring in natural elements that conjure a garden—think beyond the usual potted plants and opt for easy-to-care-for topiaries, flats of grass and buckets of fresh-cut fall branches.

SUNNY DISPOSITION

This airy space, with its lofty ceiling, exposed beams and undressed windows, is any sun lover's dream. Even if you don't have this much square footage, you can re-create the room's spirit through decorating details. The traditional white wicker furniture boasts a bright mix of patterns—florals and plaids in yellow and blue hues that recall the colors of a cloudless day. Summer-inspired accessories, including a model sailboat and a plant-filled wicker basket, carry on the spirit of the season all year long. On Indian summer days, French doors welcome in the breeze, as does the ceiling fan.

Get the look: Browse through Alsto's collections of wicker furniture at *www.alstos.com* and check out Waverly's floral and plaid fabrics at *www.waverly.com*.

CONTINUED

BY KIERAN JUSKA



VIBRANT HUES

With its wide bay window, sliding glass patio doors and airy skylights, this spacious sunroom can handle its energetic mix of bold colors and patterns, including lively spring greens, deep blues and lilacs. One-of-a-kind accessories help give the room a charming personality: the elegant floral chandelier that graces the dining area and the window seat chock-full of fruit-themed needlepoint throw pillows. The sky-blue backdrop of the walls pulls all the elements together.

Get the look: Check out the cheerful colors from new paint company C2—with its jumbo 18-by-24-inch paint chips, you can't go wrong—at *www.c2color.com* and look into the Daniel James Company's whimsical collection of needlepoint pillows at *www.danieljamesco.com*.

CONTINUED ON PAGE 134


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RESTFUL RETREAT

Top left: Who says hammocks are for outdoor use only? This fringed model transforms the corner of this cozy sunporch into an ideal afternoon napping spot. A love seat and small-scale armchair dressed up with a blue-and-white floral motif round out the seating area and pick up the colors of the china pieces that adorn the walls. Simple white walls and gray wood floors infuse the space with hominess.

Get the look: Check out the Nicaraguan Grand Caribbean Spreader Bar Hammock at *www.hammocks.com* and Blue Danube's traditional blue-and-white china at *www.bluedanubedinnerware.com*.

NATTY NAUTICAL

Bottom left: This long, narrow nook could have easily become an underused part of the house were it not for the clever design of this U-shaped window seat. With three fitted seat cushions and several throw pillows, the result is a seating area that is tailored yet inviting. The red-and-white-striped nautical-inspired fabric looks right at home with the outstanding views of the water. Sheer, pleated shades offer some filter from strong afternoon sunlight without obstructing the view.

Get the look: For a similar window treatment, check out the Shade Store's extensive collection of pleated shades at *www.theshadestore.com*, and Calico Corners' wide choice of striped fabrics at *www.calicocorners.com*.

CONTINUED

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THE GREENHOUSE EFFECT

This diminutive sunroom makes up in charm what it lacks in size. Dark woven rattan furniture gets dressed up with blue-and-white checks and toile fabric and a rose-colored fringed floral pillow. Bleached wood flooring and wainscoting give the space a beachy cottage feel, while the oversize windows welcome views of the yard and beyond. Instead of the usual knickknacks, the space abounds with flowering plants—overflowing containers of white hydrangea, a potted tree, draped vines accenting the windows—giving it the feel of a well-furnished greenhouse. Eclectic touches, like the funky octagonal coffee table and the whimsical miniature model house, give the room unique personality.

Get the look: For a miniature house of your own, look through Miniatures.com's fabulous collection at *www.miniatures.com* and check out Smith & Hawken's gorgeous plants and small-scale trees available at *www.smithandhawken.com.*

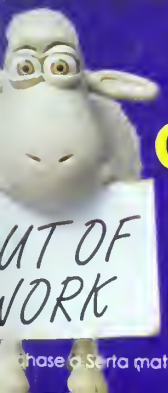
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The firefighters with the Baumanns in front of their new home

Heroes With Heart

Saving people from fires wasn't enough for this ambitious crew of firefighters

Dan Baumann always felt a kinship with firemen. Both his father and stepfather were career firefighters, but he never expected his family to be on the receiving end of their local fire department's heroism.

As long as the Baumanns had been a family, hard times plagued Dan, 40, his wife, Becky, 34, and their children—Jonathan, 16, Britney, 14 (Becky's children from a previous marriage), and Dani, 10. When he was 21, Dan had his first epileptic seizure. His illness is well controlled with medication—he suffers only about one seizure a year—but it has made finding a decent job impossible.

"Well-paying jobs, like truck driving, always require a physical," he says. "Once I revealed I had epilepsy, employers assumed I was a high risk." Dan took whatever jobs he could get, and Becky's work as a receptionist provided their only steady paycheck. The family, living in Cañon City, Colorado, was overwhelmed with debt, mostly due to having poor health insurance—or, at times, none at all.

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Given their financial problems, the Baumanns didn't dare hope they'd own a home. They had a hard time just finding affordable rentals that were safe. Becky hit bottom when a pipe burst in their last home and she found herself standing in three inches of water, staring at the family's drenched belongings.

A few months later, in April 2004, Becky found out about Habitat for Humanity and applied for a house. As fate would have it, firefighters in Union Local 1002 were searching for another way to help the community. When Battalion Chief Bob Worley, 59, formerly a construction site manager, discovered that Habitat for Humanity of Fremont County had decided to build a four-bedroom, two-bathroom home for the Baumanns, it didn't take long for him to persuade his colleagues to sign on. About 90 days after Becky submitted the family's application, Habitat broke the welcome news that they'd soon get a home—courtesy of 21 firefighters. "Given my family connection, it felt extra special that it was firemen who came to our rescue," says Dan.

The task was daunting, especially since the firefighters were already working three 24-hour shifts a week and handling some 2,200 calls every year. But they made it happen, putting in more than 800 hours of manpower. The house was completed in just six months—half of what had been scheduled for the build and a county record.

The Baumanns pitched in, too. Dan roofed the house and enlisted his younger brother, a heating, ventilation and air conditioning engineer with his own business, to help install those systems. Jonathan and Becky hung insulation while Britney and Dani pitched in on the cleanup.

Since moving in, the family's luck seems to have turned. Their reduced bills have let them pay off more than half their medical debt. It's also allowed Dan to take a chance on becoming a partner in his brother's company. Today Becky has a firefighter's emblem hung atop the shed "so that everyone will know that they were here for us."

By Kimberly Allers

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Wynonna Judd at a Crossroads

Dynamic Joan Collins

A Daughter's Fight for Justice

WWW.LHJ.COM

AMAZING GRACE

In this exclusive interview, **Wynonna Judd** opens up about her recent marriage crisis, how she's hanging on to hope—and what she's telling her children

When you meet her in person, her long hair is always redder than you imagined it would be. I remember this from the last time I chatted with Wynonna Judd for *Ladies' Home Journal*, in a diner near her Tennessee farm in 2005. Her hair is a vivid, dazzling flag of self-assurance, a flame that burns almost too bright and shouts: *I am determined to be me!*

And she is. Today, in a cozy Nashville photo studio, if there is one message she brings it's: "Listen, world, I-AM-FINE!" Don't pity her. Don't worry about her. SHE-IS-FINE!

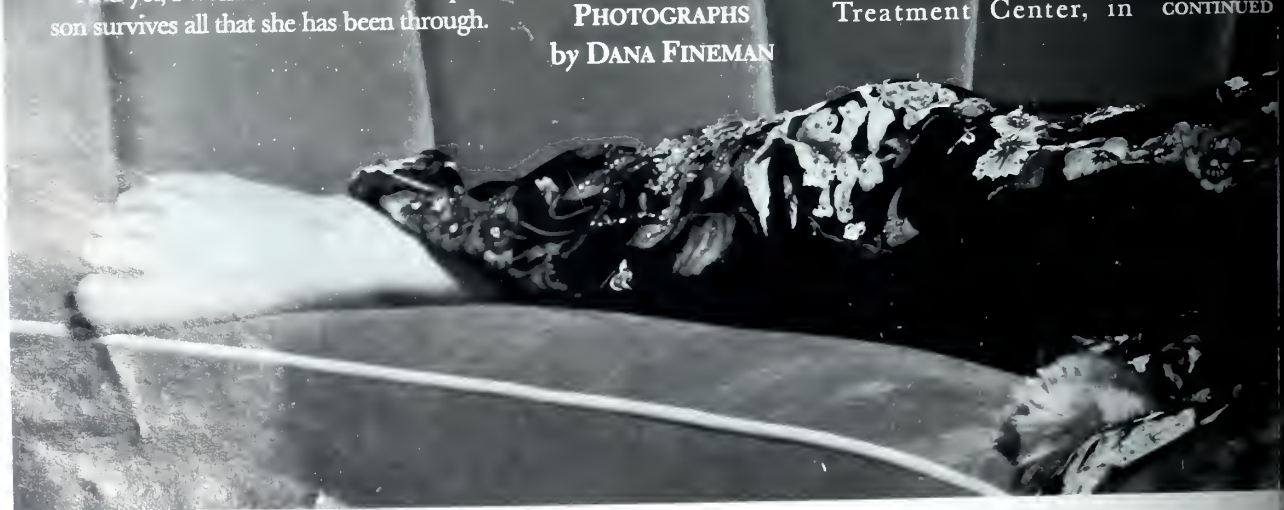
And yet, I wonder. I wonder how a person survives all that she has been through.

By
JEANNE MARIE LASKAS

PHOTOGRAPHS
by DANA FINEMAN

At the moment she's finishing up a daylong photo shoot, her famously curvaceous body draped dramatically over a velvety couch. Her 7-month-old Cavalier King Charles spaniel, Scarlett, jumps on the couch and curls up in her lap, a camera-ready dog if ever there was one. Judd cuddles with her, cooing, "My baby. I'm so happy you're here." The puppy seems to be her security blanket today. She refers to her often during our talk together, a quiet hour of self-reflection.

Few details have been released publicly about the arrest of her husband, D. R. Roach, 49. It all began last February, when Judd separated from Roach, and he then checked himself into Shades of Hope Treatment Center, in CONTINUED





"I'm in a really good place about being alone, quiet and still," says Judd, here with her new pup, Scarlett

Buffalo Gap, Texas, for drug and alcohol addiction, the same place Judd has gone and continues to go to battle her addiction to food.

In March, while at Shades of Hope, Roach was arrested and later indicted on three counts of aggravated sexual battery against a minor under age 13. The indictment came from back home, in Nashville, where police for a month had had Roach under investigation. He was extradited from Texas back to Tennessee. Soon thereafter Judd filed for divorce, citing irreconcilable differences and saying publicly she was "devastated." At press time, Roach was out on $75,000 bail and was awaiting a court hearing.

This would be a horrifying episode in anyone's life—but multiplied exponentially for a person in the public eye, it has to be unbearable. Now 43, Judd has lived a life full of high drama and pain, although nothing like this latest chapter. Here is a woman who largely missed out on childhood, having sung professionally with her mother, Naomi, as the multiplatinum duo the Judds since age 15—something she still does on occasion today. She was estranged from her father, Michael Ciminella, who she learned at age 30 was not her biological dad after all—a secret her mother and sister, actress Ashley Judd, had kept from her. She has spoken to *Ladies' Home Journal* of having serious problems not only with food but also with her finances, bingeing on purchases for her kids, her friends, herself. She has been medicated for attention deficit disorder. In her 2005 autobiography, *Coming Home to Myself*, she writes about her own experience with almost having been sexually assaulted as a teenager.

Her first marriage, to businessman Arch Kelly III, produced two children, Elijah and Grace. That marriage ended in divorce, in 1998. Roach had been her security director and road manager for eight years before they even kissed. It seemed a fairy-tale wedding in 2003, two best friends finally sharing vows in a candlelit ceremony and dancing to "Over the Rainbow." And he took on the job of fathering her children (at the time, Grace was 7 and Elijah was 8), bringing his own son, Zac, into the blended clan.

Both Roach and Judd struggled with addiction. Shortly before their wedding Judd was arrested for driving while intoxicated. But food was her real addiction.

And through it all she has had her voice. The most glorious sound. She has sold nearly 30 million albums as a solo artist and recently returned to the studio to record a new album, due out early next year. But maybe what we hear today in that amazing voice is the soulful sound of struggle, of pain, of survival.

Judd settles in, working through a plate of broiled chicken and green beans. She is out of her fancy photoshoot clothes and into a black workout suit and sneakers. She says she wants to tell me about the events of the last year, and yet she can barely bring herself to talk about it. She appears to me a woman who lived through a terrible fire, who is covered in bandages and wants to show you how beautifully she's healing. And yet every time she begins to take a bandage off, she discovers it's too soon. Way too soon. In one breath she is strong, and determined to prove so. In another breath she falls into self-help speak, which has clearly been her lifeline. She is, by anyone's reckoning, a woman in crisis.

The scenario is made all the more complicated by the fact that she looks terrific. She has a bone structure to her face that wasn't there before. Her jaw is tight and determined. She is stronger now, resolute, swirling with the I-am-not-gonna-break willpower of a woman who simply refuses to give up. A portrait in conflict. The unwitting wife of an alleged child molester who is, most curiously, still wearing her wedding ring.

Ladies' Home Journal: What can you tell us about the day you found out that Roach had been arrested? Where were you? What was your first reaction?

Wynonna Judd: Disbelief and shock. These are things that you read about and see on the news about people and you think to yourself, *Never in my family!* The only thing I can say at this time is I am choosing to reach out and get the help my family and I need, and I'm setting and maintaining healthy boundaries. My first response when it happened was, I am a mother first and foremost.

LHJ: What do you think about the accusations? Do you feel as though the papers have already convicted him?

WJ: Because of the seriousness of the accusations, the media CONTINUED

THESE ARE THINGS THAT YOU READ ABOUT AND SEE ON THE NEWS AND THINK TO YOURSELF, *NEVER IN MY FAMILY*







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Paul Newman







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"We all have something going on in our lives we'd rather someone not know about," says Judd

ALL YOU WOMEN OUT THERE WHO SAY LOVE CAN CHANGE ANYTHING? YOU KNOW... IT CAN GET YOU IN A LOT OF TROUBLE

mmediately jump to conclusions, whether we know the facts or not. But ecause I'm close to the situation, I lon't want to lead to speculation one vay or the other.

LHJ: How are you dealing with all of his? Your fans are worried about you.

WJ: Let's just say if the fans are vorried about me, don't be. In this noment, this heartbeat, this breath, 'm okay. Everything's not all right. but I'm all right with everything. I'm he best I've ever been in the worst of imes because I know I'm not in control. I used to spend a lot of time trying to stay in control. And when you surrender—that's where I live right now . . . in that serenity. Because I know it can all go to you-know-where tomorrow and I know I can take care of myself. I think that's actually the first time I've ever truly felt that way.

LHJ: So what do you do to help yourself cope?

WJ: I wake up every day and I look in the mirror and I have five affirmations that I do. And I say them throughout the day. One is "today I will give my best, and my best is good enough." [*Her eyes well up.*] Perfectionism is the highest form of abuse. I'm done. I'm in another storm, and yet I'm in the eye of this hurricane and I'm feeling this sense of calm. It doesn't come from the place of, *I've got a number one record and a sold-out tour and money in the bank.* It has to come from somewhere inside of me. I know who I am, because I've had to rely on myself more than I ever have before.

LHJ: Do you feel duped by your husband?

WJ: Nope. I knew what I was into and I tried to change it.

LHJ: You knew?

WJ: I knew that both D.R. and I had issues with addiction when I married him. I know my life. I know the people I chose. I know why I chose them and I really thought that I could change people through loving them enough. It doesn't work that way. And all you women out there who say love can change anything? You know what it can do? It can get you in a lot of trouble.

LHJ: Every woman can relate to that feeling that you can change a person. But in your situation, at least according to published reports, your husband was accused of criminal behavior, of engaging in sexual conduct with a minor.

WJ: I think a lot of fans, friends and family want the answer. A lot of people expect me to be this example of perfection. Why—so they don't have to do their job? Sometimes I go, *How, that mother wanted me to be an example of something for her* CONTINUED ON PAGE 150

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daughter? That's *her* job. I understand that people look up to me. But real life is messy. It's unpredictable. It's hard and getting tougher. But there's still beauty in it, there's still healing. Not everybody has to know every detail of my life. I would suggest that they really go home and start doing some inventory of what they want to change. This is what I had to do.

I live very truthfully. I go out on the stage and say so: *My hair sucks. I feel bloated. And man, I can sing.* I am so much more than a number on the scale. Do you see what I'm saying? This is where I'm at, and it's not perfect. And if you want to put me on a pedestal, well, put me on that Judd Dynasty fairy-tale pedestal—but it probably won't work out.

LHJ: Grace and Elijah are now 11 and 12, respectively. How are they faring through all of this?

WJ: The other day Gracie called me at Shades and she said, "Mom, I'm just calling to say I love you and I'm really proud of you doing your work and I hope that you're having a great day and if you're not, that's okay." She's using these lessons in her life, and I'm breaking the cycle with the next generation. Grace and Elijah are healthier now at 11 and 12 than I was at 30.

LHJ: That says a lot about your mothering.

WJ: What I've learned I'm applying. We're teachable in our family.

I just got Gracie a horse for her birthday. It's time. She's 11. It's so her passion. It's a starter horse. His name is Knuckles.

LHJ: How do you go about ushering your children through this rocky period? Do you talk to them about what's happened?

WJ: I tell them there's a bigger picture that God has for all of us. There's our plan and then there's God's plan and I try to explain to them that sometimes your plan doesn't quite work out. And that's okay because right now is all we have and we don't know what the future holds, so let's take a walk, let's go down to the lake and have a picnic. And they're like, *Okay.* I keep them very present. Kids are already that way but I keep it even more present. I've been hypervigilant about that.

I also told them, "you don't have to save me. If you see me sad I would need a hug, or if you were to write me a card that would be great, but you're not responsible for my happiness."

LHJ: Do you worry that your children are learning some tough lessons about what it's like to be in a marriage?

WJ: They're watching every move I make, and my talk really could mean squat to an 11- or 12-year-old if I don't do it for myself. So they're holding me accountable. I'll tell you what I'm telling them, that some of the choices I made were not healthy. They get it.

PEOPLE ARE GOING TO COME AND GO, YOUR CAREER CAN COME AND GO. BUT NO ONE CAN TAKE MY SPIRIT. IT'S MY LAST GREAT FRONTIER

They know. I can tell them my own experience and teach them through some of the choices I've made and that's tough sometimes. Because I don't want to live in the guilt and shame. Musically, professionally, personally, I live in a world where I go, *Oh man, that really did not work out. Okay, we're gonna learn from that.* And they know that I'm their mother and there is no competition. Does that make sense? Their lives are more important than mine.

LHJ: Roach was in their lives since they were tiny, right?

WJ: Yes.

LHJ: That is a huge loss for them.

WJ: For now. I think there's a bigger picture than just what I can see right now. The other day I stood with an umbrella in my house and I had Grace and Elijah stand underneath it. I said, "When there's a storm, everything out there is the storm. But I can protect you when you're underneath the umbrella." So our home is a haven from the storm. We talk about our feelings, and they have sadness. We don't sweep it under the rug. We don't shut all our doors and stay apart. We talk, we communicate, we have a lot of family discussions. They're understanding a lot about my recovery and how people get into certain things and why. They get the gist that nobody's perfect and we can make mistakes without being mistakes. Kids don't hang on to the baggage like we do. We could learn a lot from that. They're not martyrs.

LHJ: And I guess what you're trying to tell me is that you're not one, either.

WJ: I still have my moments. I still struggle with wanting to save people. It's that thing of, *if I can't save myself I want to save someone else because it helps me to release serotonin in my brain and feel happy.* And I realize that is so arrogant.

LHJ: Were you trying to save Roach when you married him? Do you still want to save him now?

WJ: When I married Roach it was natural for me to want to care for him. In my new process I'm CONTINUED



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learning to fill my cup first and then give away the overflow. I'm now focusing on saving myself and my children.

LHJ: How do you even trust men again or deal with them after what you have lived through?

WJ: I trust myself to do what I need to do. And I still [trust men], absolutely.

I'm learning a lot about addiction and about how we all are guilty of something. We all keep secrets. I've been angry and resentful. I've been expecting things because I work hard. That's not how it works. We all are human. And all I can say is that I've asked God to take our mess and turn it into a message.

LHJ: Would you say your message is in your music?

WJ: My albums are autobiographical. There's a lot of joy and a lot of pain on this [new] record. You know who explained it the best I've ever heard? Rick Warren, who wrote *The Purpose Driven Life*. He said it's like you're going along on a train and there's the left track and the right track. There's good and there's bad. And you're running along both tracks at the same time. I went, *Wow!* A light went on.

You know what I'm learning? How to say no. And how to say, "I need to take care of myself first."

LHJ: How is your recovery from food addiction going? Was that journey challenged with the breakup of your marriage?

WJ: I spent my 43rd birthday back at Shades of Hope for a weeklong intensive session. I was having some challenges in my recovery. Sometimes you have to leave and go off. I mean, Jesus meditated for a reason and now I understand why. The world is always gonna be full of chaos. And sometimes you just have to take that vacation and walk along in silence to hear that inner voice, and that's what I did. I did some serious work. I've learned a lot about my ability to be codependent for my own happiness. Raise your hand if you've had that experience [*laughs*]. I have enabled people. I've kept people on the payroll thinking I was going to help them and actually they got sicker and it wasn't until I let them go that they sought help. I finally get it. Okay, I'm 43, my name's Wynonna and I'm a recovering entertainer.

LHJ: Have your mother and sister rallied during this time of crisis?

WJ: Very much so. What's so nice about where I'm at is I did at times in my past tend to rely on Momma calling me and my sister calling me. I really went through a period where I wanted Ashley to call me and invite me over for dinner and I realized, What are you doing? Why are you waiting on other people to make you happy? This is a piece of work you're supposed to do yourself for a reason. So I cry when I need to and scream when I need to. Thank God for my farm. To scream is good. I'm a vocalist. I go out there and sometimes I'm like, *AAAAAH!*

LHJ: Was your heart broken when your marriage collapsed?

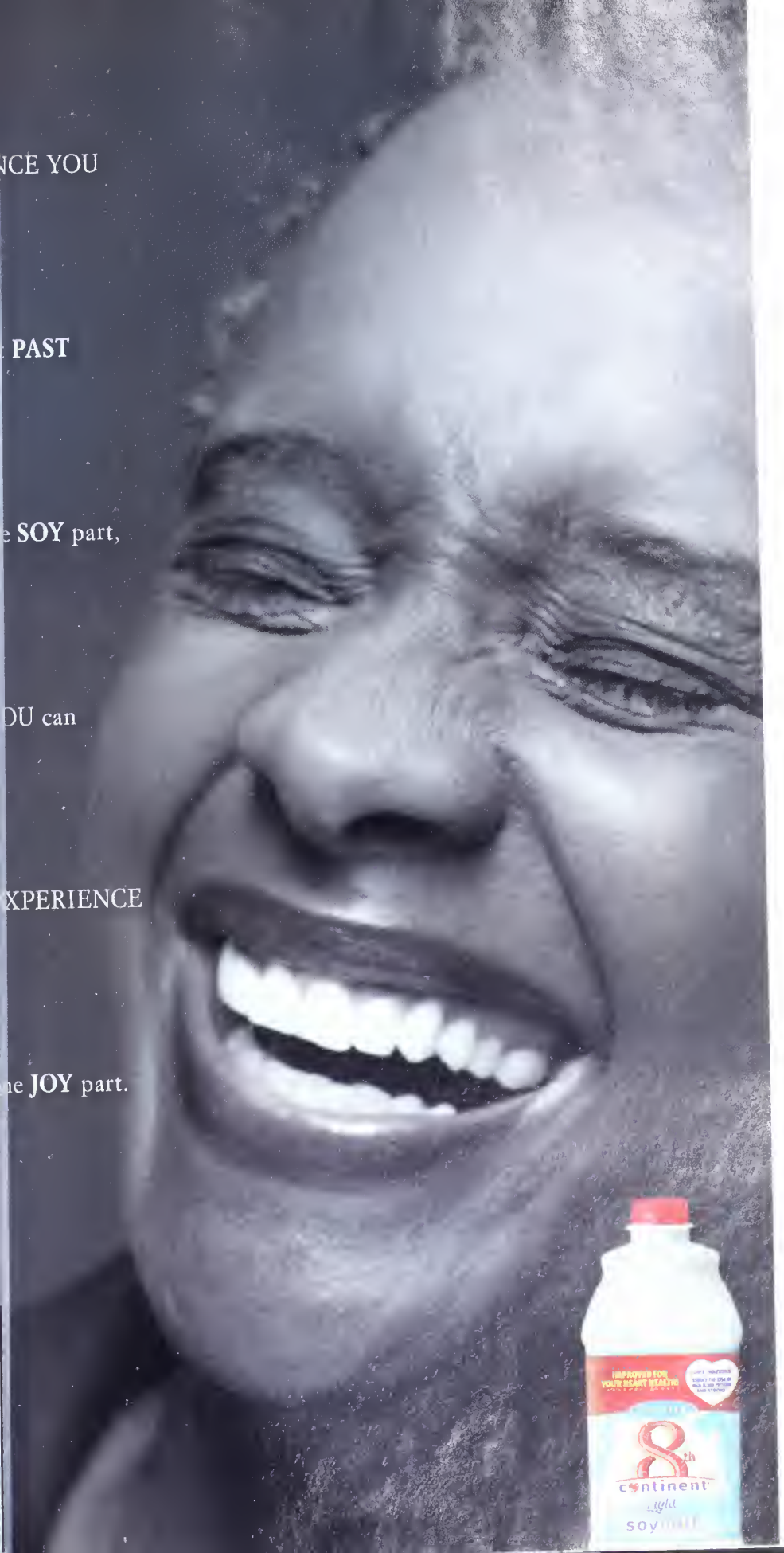
WJ: Yes. And it blew the door open to my soul. And I had to take a real serious deep, long, hard look at what I want for myself. And I don't know if you can do that when everything's going really well. You don't go to war with the army you want, CONTINUED

Left: "I am moving forward with the divorce," says Judd, with Roach. Right: Roach after his arrest last March. He's been charged with aggravated sexual battery against a minor.





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you go to war with the army you have. This is a spiritual battle. I'm weary from the battle. Yet I am so far from giving up. As I matter of fact I have a lot of sass right now. And I think my strength comes from the Lord. My strength is not if I lost weight today or if I did all the things on my mother's list. I'm going to go to bed tonight counting all the things I did do, celebrate those and let go of the rest.

I don't want to live in denial. I don't want to not trust. I just recorded "When I Fall in Love (It Will Be Forever)." I feel so much pain when I sing that song and yet it's one of the most beautiful. That's what life is. It's bittersweet.

LHJ: You can still sing "When I Fall in Love" and mean it?

WJ: Absolutely. That's recovery. Because you realize that people are going to come and go, your career can come and go. Your children can die before you. But no one can take my spirit. It's my last great frontier.

LHJ: Do you and Roach still talk?

WJ: We see each other and communicate through our lawyers and mediator. There are still personal and professional details to make decisions about.

LHJ: Why do you still wear your wedding ring?

WJ: There are five stages of grieving: denial, bargaining, anger, acceptance and surrender. I am part of that healing process right now. I've lived a lot of my life in the all-or-nothing, black-and-white way of thinking. For me, after a 15-year relationship, it is hard to just detach overnight. I'm healing in my own time.

And so I do wear my ring. And I think what I'm teaching my kids is, This happened. This is where Mom is right now. And there's always hope.

LHJ: When you say there's hope, are you intimating that there's hope for this relationship?

WJ: I can't answer that. I just can't. And I don't have to right now. Do you think I can give up hope? No. I have a newfound perspective on what my needs are and what I need in a healthy relationship. My heart does not give up easy in terms of having hope.

Behind the Scenes With Wynonna



Wynonna is country music royalty. Her heartland honesty and striking beauty have made her one of our favorite cover stars. Watch our exclusive video of our cover shoot in Nashville by logging on to WWW.LHJ.COM/WYNONNA

WYNONNA'S GREAT GIVEAWAY

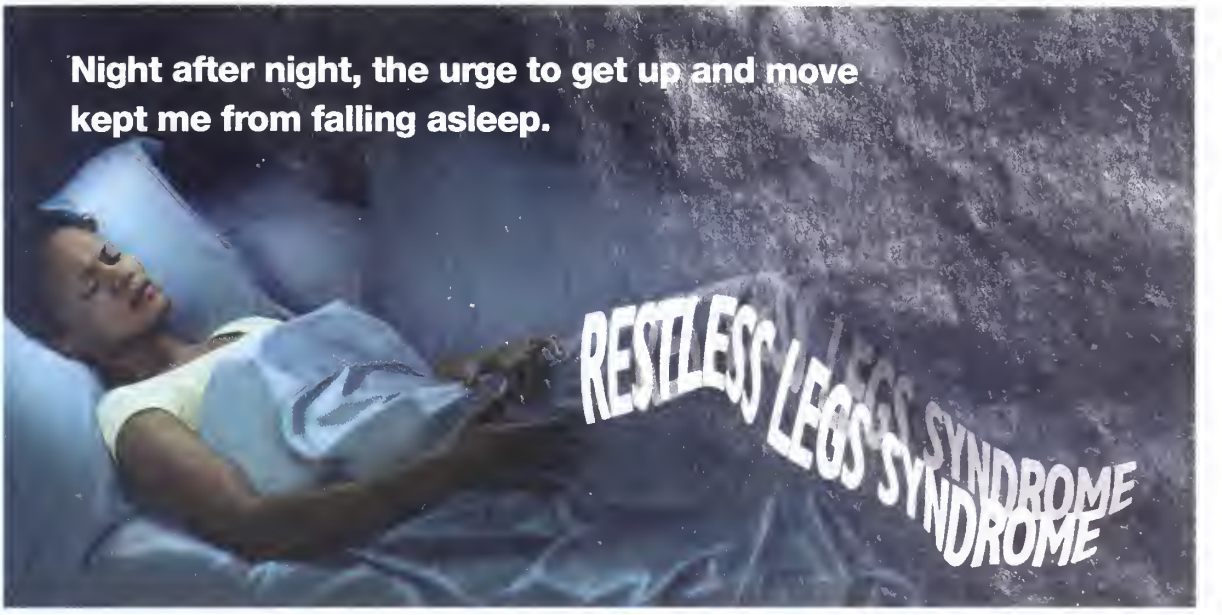
"I'm so in love with my music right now," Wynonna Judd says. Her upcoming album "is a collection of feelings that I've had during this roller-coaster ride of emotion. One song is hopeful [because] one hour I feel hopeful. The next song is hopeless [because] the next hour I feel hopeless. I'm singing with a broken heart and my strength comes from my Lord."

Judd will also hit the road this month in support of her most recent album, *A Classic Christmas*. "It's that sound that reminds you of Nat King Cole, Bing Crosby—very nostalgic and emotional and childlike," she says. "It was very spiritual for me because I felt myself going back to a sweeter time in my life. My voice even sounds . . . sweeter."



Now you can win a chance to hear it for yourself. Judd is giving one lucky *Ladies' Home Journal* reader two tickets and backstage VIP passes for her *A Classic Christmas* tour. She's also giving away 10 autographed copies of the CD. For more details on how to enter, go to *www.lhj.com/countrychristmas*.

Subject to official rules and entry at *www.lhj.com/countrychristmas*. No purchase necessary to enter or win. The *Ladies' Home Journal* Country Christmas Sweepstakes begins 8/14/07 and ends 9/10/07. Entries must be received by 11:59 P.M. E.T., on 9/10/07. Open to legal residents of the 50 United States and the District of Columbia, 21 years or older. One entry per household. Void where prohibited. Operator: Meredith Corporation.



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Important Safety Information:
Prescription Requip is not for everyone. Requip Tablets may cause you to fall asleep or feel very sleepy during normal activities such as driving; or hallucinate, feel dizzy, nauseated, or sweat when you stand up. Tell your doctor if you experience these or any other unusual symptoms. Ask your doctor about other medicines that may affect you. Avoid gambling, sexual urges, or other intense urges while taking Requip. Side effects may include drowsiness, vomiting, and dizziness. Most people taking Requip should be under the care of a doctor. Requip should be taken with food.

See important patient information on the next page.
Visit www.requip.com or call 1-877-REQUIP.



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PATIENT INFORMATION
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For Restless Legs Syndrome (RLS)
Also Known as Ekbom Syndrome

Read this information completely before you start taking REQUIP. Read the information each time you get more medicine. There may be new information. This leaflet provides a summary about REQUIP. It does not include everything there is to know about your medicine. This information should not take the place of discussions with your doctor about your medical condition or REQUIP.

What is REQUIP?
REQUIP is a prescription medicine to treat moderate-to-severe primary Restless Legs Syndrome. It is sometimes used to treat Parkinson's disease. Having one of these conditions does not mean you have or will develop the other.

What is the most important information I should know about REQUIP?
- Patients with RLS should take REQUIP differently than patients with Parkinson's disease (see **How should I take REQUIP for RLS?** for the recommended dosing for RLS). A lower dose of REQUIP is generally needed for patients with RLS, and is taken once daily before bedtime.
- There are known side effects of REQUIP. If you fall asleep or feel very sleepy while doing normal activities such as driving, faint, feel dizzy, nauseated, or sweaty when you stand up from sitting or lying down, you should talk with your doctor (see **What are the possible side effects of REQUIP?**).
- Before starting REQUIP, be sure to tell your doctor if you are taking any medicines that make you drowsy.

Who should not take REQUIP?
You should not take REQUIP if you are allergic to the active ingredient ropinirole or to any of the inactive ingredients. Your doctor and pharmacist have a list of the inactive ingredients.

What should I tell my doctor?
Be sure to tell your doctor if:
- you are pregnant or plan to become pregnant.
- you are breast-feeding.
- you have daytime sleepiness from a sleep disorder other than RLS or have unexpected sleepiness or periods of sleep while taking REQUIP.
- you are taking any other prescription or over-the-counter medicines. Some of these medicines may increase your chances of getting side effects while taking REQUIP.
- you start or stop taking other medicines while you are taking REQUIP. This may increase your chances of getting side effects.
- you start or stop smoking while you are taking REQUIP. Smoking may decrease the treatment effect of REQUIP.
- you feel dizzy, nauseated, sweaty, or faint when you stand up from sitting or lying down.
- you drink alcoholic beverages. This may increase your chances of becoming drowsy or sleepy while taking REQUIP.

How should I take REQUIP for RLS?
- Be sure to take REQUIP exactly as directed by your doctor or healthcare provider.
- The usual way to take REQUIP is once in the evening, 1 to 3 hours before bedtime.
- Your doctor will start you on a low dose of REQUIP. Your doctor may change the dose until you are taking the amount of medicine that is right for you to control your symptoms.
- You may receive a starting kit with doses marked by day. The pills in this kit slowly increase your daily dose over time so that you and your doctor may determine what the best dose is for you. Different people respond differently to this medicine. You may not need the highest dose pill in this kit or you may need an even higher dose to relieve your symptoms. You should carefully follow your doctor's advice on the use of this kit.
- **If you miss your dose, do not double your next dose.** Take only your usual dose 1 to 3 hours before your next bedtime.
- Contact your doctor, if you stop taking REQUIP for any reason. Do not restart without consulting your doctor.
- You can take REQUIP with or without food. Taking REQUIP with food may decrease the chances of feeling nauseated.

What are the possible side effects of REQUIP?
- Most people who take REQUIP tolerate it well. The most common reported side effects in people taking REQUIP for RLS are nausea, vomiting, dizziness, and drowsiness or sleepiness. You should be careful until you know if REQUIP affects your ability to remain alert while doing normal daily activities, and you should watch for the development of significant daytime sleepiness or episodes of falling asleep. It is possible that you could fall asleep while doing normal activities such as driving a car, doing physical tasks, or using hazardous machinery while taking REQUIP. Your chances of falling asleep while doing normal activities while taking REQUIP are greater if you are taking other medicines that cause drowsiness.
- When you start taking REQUIP or when you increase your dose, you may feel dizzy, nauseated, sweaty or faint, when first standing up from sitting or lying down. Therefore, do not stand up quickly after sitting or lying down, particularly if you have been sitting or lying down for a long period of time. Take a minute sitting on the edge of the bed or chair before you get up.
- Some patients taking ropinirole have shown urges to behave in a way unusual for them. Examples of this are an unusual urge to gamble, increased sexual urges and/or behaviors. If you or your family notice that you are developing any unusual behaviors, talk to your doctor.
- Hallucinations (unreal sounds, visions, or sensations) have been reported in patients taking REQUIP. These were uncommon in patients taking REQUIP for RLS. The risk is greater in patients with Parkinson's disease who are elderly, taking REQUIP with L-dopa, or taking higher doses of REQUIP than recommended for RLS.

This is not a complete list of side effects and should not take the place of discussions with your healthcare providers. Your doctor or pharmacist can give you a more complete list of possible side effects. Talk to your doctor about any side effects or problems you may have.

Other Information about REQUIP
- Studies of people with Parkinson's disease show that they may be at an increased risk of developing melanoma, a form of skin cancer, when compared to people without Parkinson's disease. It is not known if this problem is associated with Parkinson's disease or the medicines used to treat Parkinson's disease. REQUIP is one of the medicines used to treat Parkinson's disease, therefore, patients being treated with REQUIP should have periodic skin examinations.
- Take REQUIP exactly as your doctor prescribes it.
- Do not share REQUIP with other people, even if they have the same symptoms you have.
- Keep REQUIP out of the reach of children.
- Store REQUIP at room temperature out of direct sunlight.
- Keep REQUIP in a tightly closed container.

This leaflet summarizes important information about REQUIP. Medicines are sometimes prescribed for purposes other than those listed in this leaflet. Do not take REQUIP for a condition for which it was not prescribed. For more information, talk with your doctor or pharmacist. They can give you information about REQUIP that is written for healthcare professionals.

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Research Triangle Park, NC 27709

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JOAN COLLINS

ON LIFE, LOVE AND BEING A LEGEND

By ROBERTA CAPLOE

Despite the fact that she asked that we meet in a dumpy diner on New York City's Upper East Side, Joan Collins does not hold back from making a star entrance. Fried eggs slide off customers' forks as a petite 74-year-old in a wide-brimmed black hat and dark sunglasses glides in, surveys her table and finds it wanting. Immediately, Collins summons the manager in a just loud-enough to be noticed clipped British accent. And quicker than you can say "Cellex-C Age•less 15"—the name of the skin serum Joan is plugging today—the table is expanded. La Collins has ordered pancakes and fresh orange juice (this is, after all, one of her neighborhood haunts), and she is ready to chat.

Ladies' Home Journal: So we hear you are about to go on vacation.

Joan Collins: Yes, on a four-month holiday to our house in the South of France. All of my family will be there, including the three grandchildren who are 2, 3 and 6.

LHJ: How's your French?

JC: Very bad. But luckily, Percy' [Gibson, Collins's fifth husband] i very good. I am lazy about certai things, and learning a lan guage is one of them.

LHJ: Are you a hands-o grandmother?

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JC: If that means changing diapers, no. I like to play with them and I do babysit if it's necessary. But if they get cranky, I say good bye. But I love them and think they're adorable.

LHJ: I bet the kids don't call you Grandma.

JC: They call me Joanie.

LHJ: So while you're away, will you lie in the sun?

JC: I get sun on my body but never on my face. Even in the winter, I wear sunblock on my face. I am just maniacal about taking care of my skin.

LHJ: Yes, you can see that it's not sun-damaged.

JC: Well, I've managed with the aid of Cellex-C Age•Less 15. It is amazing. I've used it on my hands, and it's worked well.

LHJ: So this serum is supposed to restore elasticity and make you look years younger. And it's not cheap: It's $175 per ounce.

JC: It *is* expensive, but in life, you get what you pay for. Women spend an awful lot of money on products that don't work. But this has worked for me. There are some actresses pushing ageless makeup and they are airbrushed to death! You see them in real life, and it's an offense.

LHJ: Don't you think there's a mindset now, though, that age is empowering and not something to avoid? That it's the prime of your life? I don't know if Hollywood is buying it, but I think America is.

JC: Hollywood ain't buying it, honey.

LHJ: Because lots of young actresses use Botox?

JC: They'll look like gargoyles by the time they're 50. And you know, you've got to do more than take care of your skin. You have to take care of your teeth as well. I mean, the number of people who you see walking around and their teeth are yellow or gray!

LHJ: Are you careful about what you eat, too?

JC: I'm not very careful about my diet. I mean, I'm eating a pancake now, but I probably won't eat anything until dinner.

LHJ: Do you eat a lot of fruit and vegetables?

JC: I hate fruit, unless I'm having it with coffee. And I do like salads. [*Collins's extremely handsome husband*

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mes in to drop off some copies of her book he Art of Living Well: Looking Good, eling Great.]

HJ: Joan! *Hubba hubba!*

C: *Mmmm.* He's wonderful. Very suave.

HJ: Is this marriage different from our others?

C: Oh, yeah. He's a perfect man. He truly ares about me and about my family—very aspect. He sort of runs our life. We're gether practically 24 hours a day.

HJ: Aren't there times when you just ant to be by yourself?

C: Well, we have a big apartment, and henever we're in a hotel, he's got a sitting om with a computer and I'd be in the edroom. And we always make sure that e have two bathrooms—that's essential!

HJ: You've worked with so many wonderful people over the course of your areer. Do you stay in touch vith them?

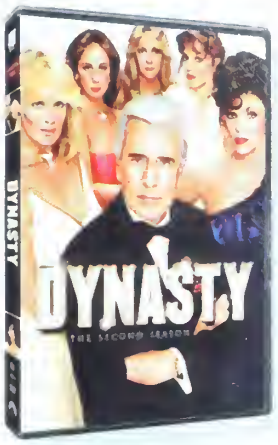
C: You know, it always amazes ne when people ask that. If I were in contact with everybody I worked with, I'd be e-mailing, faxing and on the phone *all day long.* Though the wo people I am in touch with rom *Dynasty* are John James nd Diahann Carroll.

HJ: Are you a big e-mailer?

C: No, no. Absolutely not. I don't type, for a start. And everybody I know who e-mails has said, "Goddamn this machine! I cannot believe all the e-mails I get!" I tell people, if they want to contact me, call me on a landline or fax me.

HJ: You know, our magazine's motto is "Never Underestimate the Power of a Woman®." Do you feel it suits you?

C: *Mmmm.* Another thought I like is: "A woman is like a tea bag. The longer you leave her in hot water, the better she gets."



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Ladies' Home Journal is giving away 50 copies of *Dynasty: The Second Season* on DVD! Collins stars in the '80s TV megahit as the scheming Alexis Carrington Colby, responsible for plenty of drama, catfights and more. For your chance to win, go to *www.lhj.com/dynastysweeps.*

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real with a cause

Eva Rowe waged an against-all-odds battle against a multibillion-dollar international oil corporation and brought it to its knees. Meet the young woman many people are now calling the new Erin Brockovich...

By JENNIE NASH

Photographed by PAM FRANCIS

On the morning of March 23, 2005, 20-year-old Eva Rowe didn't know what she wanted to do with her life. Unemployed, with a history of occasional brushes with the law, she was living a block away from her parents' trailer in rural Louisiana. There was little work in the area, so her father had taken a temporary post as a supervisor at the BP (British Petroleum) oil refinery in Texas City, a four-hour drive across the border in Texas. Rowe's mother, a former teacher's assistant, got a job there as a tool room attendant, because even for a six-month stint, James and Linda Rowe preferred working together to living apart.

Rowe could have considered working alongside her parents, but she didn't like refineries. Her father had once helped her land an office job at an oil refinery he worked at in Corpus Christi, but on her last day there had been a fire and an evacuation. "My dad and I were in different parts of the plant. I didn't know if we'd both make it out," she recalls. The experience frightened her, so when her parents went to work in Texas City, she stayed home and made the drive to visit them as often as she could. They were working overtime on a daily basis, so Rowe got to see her mom and dad for only a short time before they fell into bed each night. She cherished those moments all the same—and worried about their safety.

On that day in 2005, Rowe set out to see her parents for the Easter holiday weekend. She was about 45 minutes outside of Texas City when she pulled off the highway at a mini-mart. The store's television was tuned to a newscast about a deadly explosion that had happened a few hours earlier at CONTINUED



Eva Rowe (inset) mourns her parents, who were killed in a giant blast at BP's Texas City oil refinery in March 2005

the 2,400-employee BP plant. She called her mom's work number over and over but got no answer.

Frantic and shaky, Rowe got back in the car and headed for Texas City, where the smoke from the massive blast was clearly visible from the highway. When she got to the trailer park where her parents had been living, she knocked on the door of one of their neighbors, a man who had traveled from one refinery job to another with her dad for many years. When the friend opened the door and saw Rowe, he collapsed to the floor in tears. "I looked for them," he cried. "I searched everywhere. I couldn't find them."

Rowe made phone calls far into the night—to hospitals, to the plant, to other acquaintances and relatives. Finally, at 4 A.M., she connected with a contract worker she'd met while employed in Corpus Christi. The woman unofficially confirmed that Rowe's parents were among those presumed dead.

Early the next day, guided by information BP provided via television, an exhausted, devastated Rowe went with others who suspected they'd lost a loved one to Charles F. Doyle Convention Center, in Texas City. Next of kin from other families took turns being escorted to the coroner's office to view the deceased. Rowe didn't want to look at her parents' remains, so she began filling out forms that requested her parents' height, weight, hair color and other identifying marks. At the end of the day she learned that her parents had finally been identified through dental records and DNA.

"That was the end of my life as I knew it," Rowe says. "I feel like BP murdered my mom and dad."

It took a full year for Rowe to find the courage to look at the photos the coroner gave her that day. When she did, she was horrified to see that her dad had been severely injured and her mom had been burned and decapitated by a piece of flying metal. They were among 15 people who died in the blast. More than 170 other workers were injured.

> "People volunteered that they go through the gate [at Texas City] every morning thinking **'I could die today'**"

ANATOMY OF AN ACCIDENT

BP is a London-based energy giant with more than 96,000 employees in 100-plus countries. The company's activities include producing oil, gasoline, natural gas and other chemicals, as well as operating pipelines and shipping routes. In 2005 BP's stock price climbed 10 percent and it reported a 25 percent increase in annual earnings, which hit $254 billion. The man who had taken the firm to those heights was chief executive officer Lord John Browne, one of Great Britain's most admired executives at the time. Queen Elizabeth II had even knighted him in 1998. His total annual salary in 2007 was $6.9 million.

BP acquired the refinery at Texas City when it merged with Amoco in 1998. Texas City is the largest of the firm's five U.S. refineries, with the ability to produce 11,000 gallons of gasoline a day. Much of the equipment at the 71-year-old plant was antiquated and did not meet safety standards. According to a 2007 report of the Occupational Safety and Health Administration (OSHA), BP committed "egregious willful violations" of safety codes, including failure to correct deficiencies in equipment.

Despite evidence of the plant's problems, soon after the Amoco merger BP executives ordered a 25 percent budget cut that adversely impacted maintenance at the company's refineries, says Carolyn W. Merritt, chairwoman of the U.S. Chemical Safety and Hazard Investigation Board (CSB).

The safety situation at Texas City worsened. The CSB reported that in 2002 a new refinery manager there found the equipment and infrastructure "in complete decline." In 2004 three accidents resulted in three deaths and a fire that caused $30 million worth of damage. The following year Texas City management paid for an outside business consultancy, Telos Group Ltd., to do an employee survey, which showed that the people who worked at Texas City believed the plant put money first and people second. Employees literally feared for their lives.

Geoffrey Gioja, coauthor of the report, later commented, "I was surprised by how many people volunteered that they go through the gate every morning thinking 'I could die today.'" The report was sent to headquarters in London.

The March 2005 blast CONTINUED

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Eva Rowe revisits the site where her aimless youth ended and her career as a crusader for worker safety began

occurred in a part of the refinery where low-octane products were converted into higher-octane components for use in unleaded gasoline. The unit was being restarted after having been shut down for repair. Almost every aspect of the startup went wrong.

Merritt describes what happened: "Information was not communicated. Experienced supervision was absent. Workers were fatigued and overloaded. Important decisions went unmade. Critical instrumentation was not working. Innocent people were unaware of the looming risk and went about their business as usual."

As a result of multiple problems occurring simultaneously during the restart process—and no one noticing—highly flammable liquid hydrocarbon flooded the unit, raced up a 113-foot stack and shot 20 feet into the air. A vapor cloud formed over the refinery, and the liquid hydrocarbon began falling on temporary work trailers parked nearby.

Witnesses later described the dangerous fluid raining down on James Rowe and on his wife, Linda, as she was walking to bring her husband a pair of safety goggles. Survivors believe a spark from an idling pickup truck ignited the liquid and the vapors. The resulting explosion was so huge it could be heard miles away.

LIFE AFTER DEATH

BP quickly took responsibility. The day after the disaster Lord Browne flew to Texas City to tour the site, meet with first responders and hold a news conference at city hall. "We have a very simple rule at BP that we are responsible for what happens inside the boundaries of our plant," he said. "This is no exception. We will be doing everything we can to assist the families." The company cooperated with various agencies investigating the accident and eventually set aside $1.6 billion to compensate the hundreds of victims—including both the injured and relatives of the dead.

In a statement issued three months later, Ross Pillari, president and CEO of BP America, reiterated that position, calling the mistakes that were made "surprising and deeply disturbing." He concluded, "The result was an extraordinary tragedy we didn't foresee. . . . We can assure that those who were injured and the families of those who died [will] receive financial support and compensation. Our goal is to provide fair compensation without the need for lawsuits or lengthy court proceedings."

BP first began to settle the claims from the families of the 15 people who died, all of whom, like Rowe's parents, were contract workers. Rowe said that her older brother, Jeremy, 24, who had been living in Minnesota for several years, accepted a settlement. For many victims' relatives, agreeing to the confidential out-of-court settlements meant the chance to start healing, to move on.

But not Rowe. After she buried her parents, she plunged into grief so crushing she could neither eat nor sleep. Within three months she had lost 50 pounds. During that time she also heard stories from survivors of the blast about lack of maintenance at the plant and malfunctioning alarms.

Eventually she decided to hire an attorney and got a reference for Brent Coon, of Brent Coon & Associates, in Beaumont, Texas. His firm was representing more than 100 other plaintiffs, many of whom had been injured in the Texas City blast. Most wanted to accept BP's offers.

Rowe was different. When she shared with CONTINUED ON PAGE 171

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- You have an eye problem called uncontrolled narrow-angle glaucoma.
- You are allergic to anything in DETROL LA.

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Tell your doctor about all your medical conditions, including:

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- Liver or kidney problems.
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Tell your doctor about all your medicines. Include over-the-counter medicines, vitamins, and herbal products. Other drugs may change how your body handles DETROL LA. Your doctor may use a lower dose of DETROL LA if you take:

- Some medicines for fungus or yeast infections such as Nizoral® (ketoconazole), Sporanox® (itraconazole), and Monistat® (miconazole).
- Some medicines for bacteria infections such as Biaxin® (clarithromycin) and erythromycin.
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POSSIBLE SIDE EFFECTS OF DETROL LA

The most common side effects are:

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- stomach pain

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Do:

- Take DETROL LA exactly as your doctor tells you. For some people, DETROL LA may not work right away. Check with your doctor before stopping DETROL LA.
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- Take DETROL LA with or without food.
- If you miss a dose of DETROL LA, begin taking DETROL LA again the next day. Do not take 2 doses of DETROL LA in the same day.
- Store DETROL LA at room temperature and out of light.

Don't:

- Do not drive a car or work with machines until you know how DETROL LA affects you. Medicines like DETROL LA can cause blurry vision. They can make you dizzy and sleepy.
- Do not change the dose on your own. Talk with your doctor.

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DETROL LA is a prescription medicine that treats the symptoms of overactive bladder.

- It reduces wetting accidents.
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- It helps you have fewer trips to the bathroom.

NEED MORE INFORMATION?

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Coon and his associates her questions about what happened the day of the explosion, they were eager to find answers. "BP was settling cases so aggressively, we were sure they knew they had a problem," says Jason Cansler, a lead attorney at Coon & Associates. Coon also happened to represent the Texas chapter of United Steelworkers of America, which had been trying to negotiate increased safety protections for members, including those at BP's Texas City plant. A win for Rowe could help the union's cause—and make a hero out of Coon.

In preparation for a possible case, Coon and his team called in 6 million pages of documents from BP and began to sift through them. What they found was a shock, even to lawyers with experience in personal injury cases. They suspected negligence, according to Cansler, "but we never thought it would be this gross." In his opinion, "it was a conscious disregard for life."

The BP documents showed that the corporation had not only ordered cost-cutting measures on the aging Texas City refinery but had also literally calculated the relationship between paying for the loss of human life and making the necessary safety upgrades. One BP internal document was titled "Cost benefit analysis of three little pigs." It likened BP employees to the three pigs, refineries with varying amounts of safety upgrades to houses of different sturdiness and an explosion to the big bad wolf. The document stated, "If the wolf blows down the house, the piggy is gobbled." On a grid, various "houses" were compared in terms of the likelihood that any given "piggy" would be "gobbled" by a blast. The word "optimized" is handwritten in the margin with an arrow pointing to the cheapest option, not the safest one.

Once Rowe learned that her parents' deaths might have been avoided, she was transformed. First, she cried. Then she resolved to fight back: "The more my lawyers told me, the angrier I got," she recalls. "I couldn't hurt BP's feelings like they hurt mine. The only thing I could do was expose them."

"I watched a little girl grow up in a second," recalls Cansler.

Rowe says BP lawyers were so tough on her that they made her feel as if *she'd* done something wrong

JOURNEY TO JUSTICE

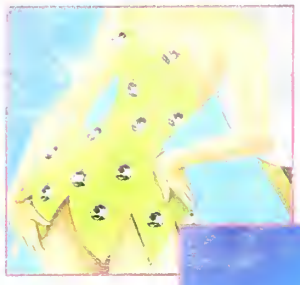
Rowe decided she wanted BP to pay in a very public way. Settling out of court typically means that the plaintiff is required to sign a confidentiality agreement as well as documents stating that the defendant was not at fault. Rowe didn't care how much money BP offered her to settle (and they had offered other plaintiffs many millions); she refused to make that kind of deal. "My mom and dad told me I could do anything," Rowe says. "I could have taken the money and shut up, but I couldn't let my parents' deaths be in vain. I had to expose BP for the bad people they are."

Taking the chance that she would never see a dime if she lost a lawsuit, Rowe sued, demanding $1.2 billion in damages, according to a statement by a BP lawyer during a preliminary hearing. Rowe also called for the profits-over-people documents to be made public and pressed for BP to give money to train and treat oil-refinery workers throughout Texas. "I had nothing before, so I had nothing to lose by going to court," she says.

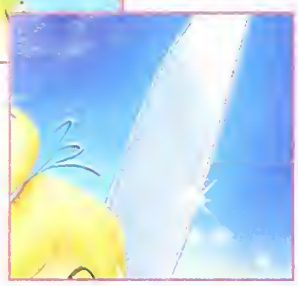
As the trial date grew closer, there was considerable pressure on Rowe to settle out of court. BP had made her an offer of millions of dollars, media outlets were continually clamoring for comments, and she knew she was going to court against a giant corporation in a case that would focus on the mental and emotional damage she had sustained, allegations that would leave her open to inquiries about personal aspects of her life.

Rowe says that BP lawyers were so tough on her during her deposition that they made her feel as if *she'd* done something wrong. A court transcript shows that they asked her questions about drinking and marijuana and cocaine use and an altercation at a gas station that ended with her being led away in handcuffs by the police. "When you're a teenager, you drink and experiment," says Rowe. For their part, BP's lawyers explained in a later court proceeding that the jury, should the matter go to trial, would be "entitled to know who Eva Rowe is."

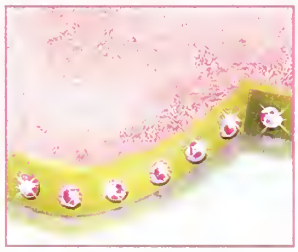
Rowe was also unnerved by what appeared to be surveillance of her movements. She said she noticed cars outfitted with cameras parked in front of the house CONTINUED ON PAGE 174



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and WOW is she sure so tough!



BP has donated $32 million to several schools and burn centers

where she resided. In Galveston District Court, BP lawyers repeatedly stated before Judge Susan E. Criss that they "did not have people on surveillance." Still, Rowe was so afraid for her life that she called the police and told them that if she were to die, it wouldn't be an accident. Coon had members of his staff watch over her 24 hours a day for more than a year. When contacted by *Ladies' Home Journal*, BP refused to comment on Rowe or any of her claims.

In the weeks before Rowe's trial was to start, the pressure increased. Using evidence they had uncovered, Rowe's lawyers argued before the court that the BP policy of putting profits over worker safety likely originated from the highest levels of management—that Lord Browne had "unique and superior" knowledge of it. As a result, her lawyers were allowed to depose CEO Browne.

Wealthy, powerful CEOs of international corporations that make billions of dollars each year normally don't become involved in damage claims, which are typically considered local matters. BP appealed the ruling in order to stop the deposition; other oil companies, including Exxon Mobil, filed an amicus brief in support of their effort, calling the deposition of Browne a form of harassment. The Texas Court of Appeals ruled against BP, and the stage was set for Lord Browne to be deposed, an event Rowe was eager to attend. "I wanted to show him pictures of what he did to my parents," she says, referring to the photos of their bodies.

A POWER STRUGGLE

In November 2006, on the day before jury selection was to start for the Rowe trial, BP requested a last-minute negotiation. Coon and his lawyers assented and stayed up late into the night negotiating with the energy giant's lawyers. Rowe herself stayed in a rented beach house.

She fell asleep and was awakened by Coon at 5 A.M. to the news that BP had agreed to every single one of their demands. She would receive a personal financial settlement (but can't disclose the amount as per her agreement), the damning documents would be made public (they can be viewed at *www.texascityexplosion.com*), and BP would give $32 million to charitable institutions of her choice.

For just a moment she thought about turning down the deal, she says. The same risk-taking attitude that had made her a wild teenager—then empowered her to sue one of the world's most powerful corporations—kicked in. She wished she could go to court and, again, chance everything: "I wanted to watch Brent chopping those people who had been so mean to me."

Then her sensible side took over. "I was so proud that I accomplished something so great for my parents," she says. And she was relieved that she wouldn't have to relive in a court of law the trauma of their deaths.

SAFETY FOR ALL

Rowe decided that the $32 million in charitable contributions would be split among several organizations, including the Truman G. Blocker Adult Burn Unit at the University of Texas Medical Branch at Galveston, where 23 victims of the Texas City explosion were successfully treated; the Mary Kay O'Connor Process Safety Center at Texas A&M University, where refinery engineers are trained in worker safety; and the College of the Mainland, in Texas City, where many students work toward careers in refinery and chemical plant safety technology. Other bequests included $1 million to the Hornbeck, Louisiana, school system where Rowe was a student and her mother was employed.

Rowe's settlement has influenced not just public welfare but also public policy. The CSB used some of the research from the case to launch its first investigation into BP's safety practices. Two years after the explosion—in March 2007—the CSB issued a report concluding that CONTINUED

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organizational and safety deficiencies at all levels of the corporation caused the Texas City disaster. The board's chairman, Merritt, says that "the documents that were released in [Eva Rowe's] settlement are incredibly useful in understanding how this event occurred." Merritt also says that BP was "playing Russian roulette" at the Texas City plant.

"Accidents happen," she explains, "but this event was completely predictable and preventable" and a direct result of BP's "checkbook mentality." Merritt and her team have corresponded with corporations worldwide that want to learn from the Texas City mistakes.

OSHA conducted a parallel study, which was far broader than any of the limited inspections of the plant the agency had completed up to that point, says Merritt. OSHA wound up penalizing BP $21 million for more than 300 violations of safety regulations—the largest fine in the agency's history. It also recommended that the U.S. Department of Justice look into criminal wrongdoing.

At press time BP had settled more than 1,000 cases with relatives of those who died and many of the injured, according to BP spokesman Neil Chapman. An independent safety examination, ordered by BP's global board of directors and led by former U.S. Secretary of State James A. Baker III, found a range of deficiencies at BP refineries in Texas, California, Indiana, Ohio and Washington. In an effort to bring these plants up to industry standards and to comply with federal laws, BP will spend $1.7 billion yearly on safety from now until 2010.

In May 2007, slightly more than two years after the explosion at Texas City, Lord Browne stepped down as CEO of BP. Publicity about the Texas City explosion and the Eva Rowe settlement, along with his heavily reported personal problems, appear to have accelerated his departure.

Eva Rowe, now 23, is living a life she could never have imagined just two years ago. She says she has enough money to "go anywhere in the world and do anything I want." She'll certainly never have to worry again about finding a job or paying her bills.

The fight for worker safety has become her volunteer career. She spends time in meetings, in court and at press conferences. She has traveled to Washington, D.C., to testify before Congress and to Austin, Texas, to headline events at the state capital honoring those who perished or were hurt.

"From the beginning, the reason I didn't settle is that I wanted to make a difference," Rowe says. "I wanted to do something that would go on forever. Money won't last, but laws will."

THE NEVER-ENDING PRICE

Being a crusader comes at a cost. "I've never even had time to mourn my parents," says Rowe, who sometimes thinks about what other 20-something girls do with their time—dating, going dancing or seeing a movie. "I've never even gone on spring break," she adds.

She misses her parents desperately, especially during holidays. "My parents were the glue that held our family together," she says. "We don't have family gatherings anymore. Everyone has people to spend the holidays with, and I'm all alone." She still has trouble sleeping and confesses that she is plagued by nightmares and the paralyzing thought that since the unthinkable happened once, something similar could happen again.

"People always said money doesn't buy happiness," she says tearfully, "and I always used to say, 'Give me a lot of money, and I'll prove you wrong.' I would give everything back just to have a hug from my mom."

Nothing can bring back her parents, but Rowe has vowed to honor their memory by continuing to fight for worker safety. She says she may go to the University of Texas and obtain a law degree, or even become a politician. "I want to help people," says Rowe. "For the rest of my life I will pursue companies that injure and harm people so no one has to suffer like I did."

JOIN THE FIGHT TO IMPROVE WORKER SAFETY

Eva Rowe believes that BP's eventual improvement of safety conditions at its Texas City plant was too little, too late. Rowe and her attorney, Brent Coon, have written legislation called "Remember the 15," which was sponsored by Democratic Texas State Senator Mario V. Gallegos, Jr., and submitted to the Texas legislature. The bill would mandate the implementation of safety precautions at the state's chemical and oil refineries, improve worker safety and enforce federal regulations. Passage of this bill could lead to similar legislation in support of workers throughout the nation. To read "Remember the 15," make your U.S. representative aware of worker safety issues or sign a petition in support of these issues, you can visit *www.lhj.com/petition*.



Chronic fatigue syndrome (CFS) can be as isolating as it is debilitating — especially when those around you don't understand what you're going through. But you're not alone. More than one million Americans suffer from CFS, yet less than 20 percent have been diagnosed. If you've experienced extreme exhaustion for six months or longer, coupled with difficulty sleeping and concentrating, body pain and flu-like symptoms, you could have chronic fatigue syndrome. Log on to www.cdc.gov/cfs for the latest research and guidance on CFS diagnosis and treatment. Your life is waiting for you, and so is the support you need.

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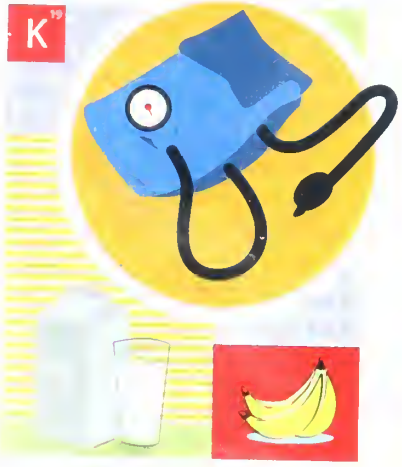
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Hot Dog Hazard



Your bologna may have just gotten a new first name: T-R-O-U-B-L-E. Eating cured meats such as hot dogs, smoked turkey, bacon or salami may double your risk for lung disease, suggests a new Columbia University Medical Center study. Researchers found that people who ate cured meats more than 14 times a month were almost twice as likely to have COPD (chronic obstructive pulmonary disorder), a medical condition that includes chronic bronchitis and emphysema than those who don't. It's also the fourth-leading cause of death in the United States. Researchers think the preservatives found in these meats may damage lung tissue. "The nitrites react with lung tissues, cracking elastin and stiffening collagen, which causes the lungs to age," says study coauthor David C. Paik, M.D., an associate research scientist at the center. The occasional hot dog won't do you any harm, but to really play it safe, opt for nitrite-free varieties, which won't have sodium nitrite or potassium nitrite listed on the ingredient label. *—Caroline Bollinger*

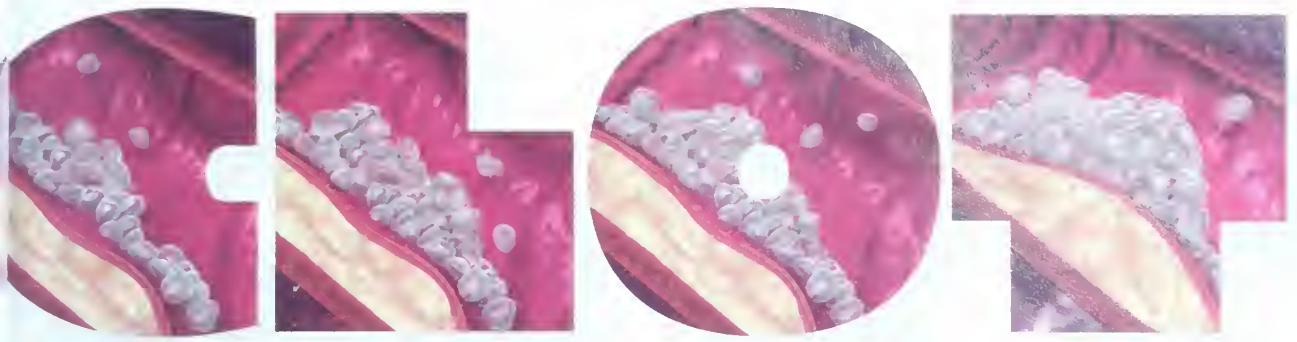
The Natural Way to Fight Blood Pressure



Cutting back on sodium can be one way to lower high blood pressure. Now there's another drug-free way you can reduce your numbers: adding potassium to your diet. What really helps is simultaneously cutting back on your sodium intake while consuming more potassium-rich foods. For the greatest benefits, limit sodium to 2,300 milligrams a day and get at least 4,700 milligrams of potassium. You should also avoid processed foods if you're watching your blood pressure. "When foods are processed, often sodium is added, increasing our risk for hypertension," says Bethany Thayer, R.D., spokeswoman for the American Dietetic Association. Thayer also cautions against taking potassium supplements unless recommended by your doctor. Some people, those with kidney ailments, for example, have difficulty clearing high levels of potassium from the body, which can make their heart slow—or stop. Check with your doctor before making any major lifestyle changes, particularly if you're already being treated for high blood pressure. *—Tricia Tisak*

POTASSIUM POWER

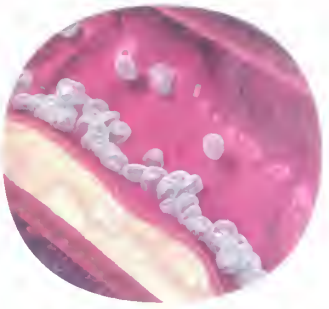
Food	Potassium
1 baked sweet potato	694 mg
1 small baked potato	610 mg
8 ounces nonfat yogurt	580 mg
3 ounces halibut, cooked	490 mg
1 banana	422 mg
1 cup milk	380 mg
3 ounces lean center rib pork loin, roasted	371 mg
1 cup cantaloupe	368 mg
1 cup orange juice	355 mg
1 cup oatmeal	120 mg



You can help protect against the formation of clots and reduce your risk of a future heart attack or stroke.

iis is important information if you've been hospitalized ith heart-related chest pain or a certain type of heart tack. That's because these conditions, known as Acute Coronary ndrome—or ACS—are usually caused when blood platelets stick together d form clots that block blood flow to your heart. And if you've already d a clot, you're at an increased risk for a future heart attack or stroke.

LAVIX, taken with other heart edicines, helps provide reater protection against eart attack or stroke than ther heart medicines alone. at's because prescription PLAVIX works fferently than your cholesterol and ood pressure medications, focusing on ur blood platelets to help keep them om sticking together and forming clots.



IMPORTANT INFORMATION: If you have a stomach ulcer or other condition that causes bleeding, you should not use PLAVIX. When taking PLAVIX alone or with some medicines including aspirin, the risk of bleeding may increase. To minimize this risk, always talk to your doctor before taking aspirin or other medicines with PLAVIX, especially if you've had a stroke. Additional rare but serious side effects could occur.

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WARNINGS

Thrombotic thrombocytopenic purpura (TTP)

ADVERSE REACTIONS

PRECAUTIONS

General

ADVERSE REACTIONS

Information for Patients

Drug Interactions

PRECAUTIONS–General

atenolol, nifedipine,

phenobarbital, cimetidine, estrogen,

digoxin, theophylline

phenytoin, tamoxifen, tolbutamide, warfarin, torsemide, fluvastatin,

non-steroidal anti-inflammatory agents,

diuretics, beta-blocking agents, angiotensin converting enzyme inhibitors, calcium antagonists, cholesterol lowering agents, coronary vasodilators, antidiabetic agents (including insulin), thrombolytics, heparins, GPIIb/IIIa antagonists, antiepileptic agents, hormone replacement therapy

Drug/Laboratory Test Interactions

Carcinogenesis, Mutagenesis, Impairment of Fertility

Pregnancy

Nursing Mothers

Pediatric Use

Geriatric Use

CLINICAL STUDIES

ADVERSE REACTIONS

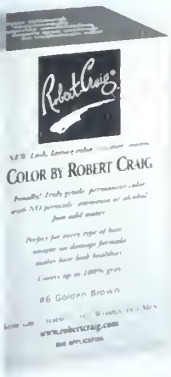
Table 5: CURE Incidence of bleeding complications (% patients)

Table 6: Number (%) of Patients with Bleeding Events in COMMIT

Type of bleeding	PLAVIX (+ aspirin) (N = 22961)	Placebo (+ aspirin) (N = 22891)	P value

Table 7: Adverse Events Occurring in ≥ 2 % of PLAVIX Patients in CAPRIE

Body System Event	% Incidence (% Discontinuation) PLAVIX (n=9599)	Aspirin (n=9586)



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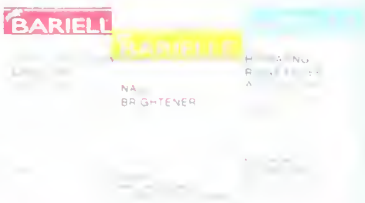


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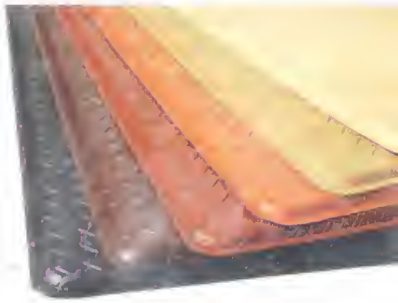


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The 2nd Annual Health Breakthrough Awards

By Catherine Winters

Day after day, year after year, doctors and researchers toil, often in obscurity, seeking new ways to diagnose and treat diseases and injuries—then do the exacting work of proving scientifically that their new theories and techniques actually make a difference.

Last year *Ladies' Home Journal* launched our annual Health Breakthrough Awards to honor these outstanding individuals, whose discoveries have enabled us to have longer, healthier lives. We also wanted to acknowledge our own long and rich history of health advocacy journalism, which began more than 100 years ago when the magazine helped spur the formation of the Food and Drug Administration and led the fight against bogus medications.

This year's winners were chosen through an exhaustive nationwide search of more than 80 medical organizations, teaching hospitals, foundations and government agencies. From fashioning a more-sophisticated prosthetic arm that rivals the real thing to developing an improved way to give radiation therapy, from discovering a new source of potentially life-saving stem cells to charting early ways to detect cancer, each of our awardees has transformed his or her field—and our lives—as a result.

In addition, we are proud to announce the winner of the second Marianne J. Legato Gender-Specific Medicine Award, named in honor of our medical adviser, who has pioneered this field. It is awarded to an individual whose work has furthered our understanding of the different health needs of women and men.

CONTINUED



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ervings of vegetables = 1 cup. © 2007 CSC Brands, LP



CONSTANCE D. LEHMAN, M.D., PH.D.

FINDING CANCER THAT MAMMOGRAMS MISS

You've just heard the shattering words: "You have breast cancer." Before you've had time to digest this life-changing news, your doctor adds that there is a five to 10 percent chance that you will develop breast cancer in your other, "contralateral" breast within 10 years. The mammogram and clinical breast exam you've already had showed no evidence of a tumor in that breast. Should you have it removed in the event a tiny cancer is lurking there? Or do you take your chances?

Now, thanks to Constance D. Lehman, M.D., Ph.D., professor and vice chairman of radiology and director of breast imaging at the University of Washington School of Medicine and director of imaging at the Seattle Cancer Care Alliance, women newly diagnosed with breast cancer don't have to take chances. They can have an MRI (magnetic resonance imaging).

Dr. Lehman, 45, was principal investigator of a trial coordinated by the American College of Radiology Imaging Network that involved nearly 1,000 women at 22 sites in the United States, Canada and Germany. Researchers found that an MRI is more effective than either standard mammography or a clinical breast exam at finding tiny tumors in the contralateral breast.

In fact, MRIs detected 30 tumors that the other two methods had missed. This amounted to 91 percent of all the cancer the trial found in women's other breasts. The cancers were so small that none had spread to surrounding breast tissue or the lymph nodes.

"We caught the cancers at the time when they were easily treatable, with significantly lower pain and discomfort associated with treatment and higher likelihood of a cure," says Dr. Lehman. The study, published in the *New England Journal of Medicine*, has also helped physicians better understand the role MRI might play in the diagnosis of breast cancer.

"Dr. Lehman is one of the leaders in the world in the use of MRI for breast-cancer detection and diagnosis," says Etta Pisano, M.D., Kenan Professor of Radiology and Biomedical Engineering at the University of North Carolina at Chapel Hill, who worked on the MRI study with Dr. Lehman. "She is very visionary about how we can use the technology."

Why did MRIs uncover more tumors than the other two methods? While mammograms capture a two-dimensional image of the breast, MRI uses magnetic fields to create a three-dimensional image. "That means we can find cancers that are hidden between layers of breast tissue," explains Dr. Lehman. In addition, a contrast agent injected into a woman before the MRI is performed highlights areas of new and/or leaky blood vessel CONTINUED ON PAGE 190

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growth, which might signal a cancerous lesion. Women who discover a tiny cancer lurking in the other breast can now have both treated simultaneously, avoiding a second round of surgery and chemo a year or two down the road. And those who find no cancer can rest easy, at least until their next MRI.

Because it's so expensive (upwards of $1,000, compared with around $125 for a mammogram), MRI isn't routinely used as a screening tool. "Whether or not women who have already had breast cancer will need to continue to be screened with MRI every year is still a matter of debate," Dr. Lehman says. However, the American Cancer Society recently recommended that all women classified as high risk for breast cancer get an annual MRI scan, starting at age 30.

"Without question, breast imaging is one of the most exciting areas in imaging," says Dr. Lehman. "We are moving into an era where we are seeing more individualized treatment of breast cancer. As imagers we want to provide as much information as possible on the true extent of the disease and the type so targeted therapies can be available to more women."

Dr. Lehman, who at one point wanted to be a psychologist, was attracted to radiology because of both its intellectual excitement and the patient contact that is an integral part of the job. "It provides so many opportunities to have an impact on women's lives," she says.

That impact is needed. The American Cancer Society estimates that 178,480 women will be diagnosed with breast cancer this year. Dr. Lehman's own familiarity with the disease is not just clinical. Her godmother has battled breast cancer, and, she says, "I am at an age where more of my friends than I would like to count have been diagnosed with the disease."





MINESH P. MEHTA, M.D. *(LEFT)*, AND T. ROCK MACKIE, PH.D.

REVOLUTIONIZING RADIATION TREATMENT

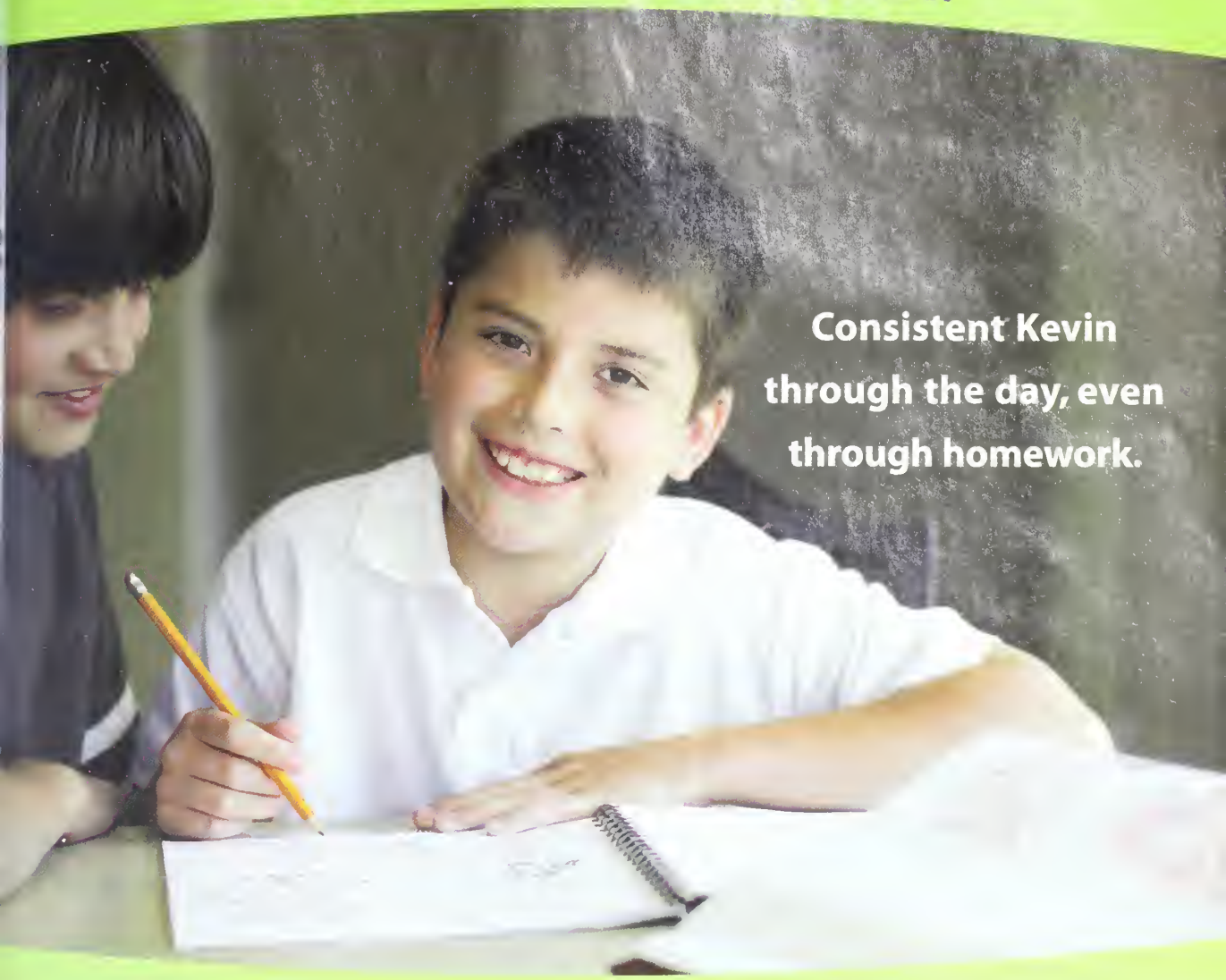
It's 1988, and two Wisconsin scientists spend night after night giving radiation therapy to cancer patients. One is an oncologist born in Uganda to Indian parents who was 12 when his family relocated to Zambia after Idi Amin assumed power. The other is a young physicist from Canada who grew up in the town where cobalt therapy, a form of radiation treatment, was developed.

Eating pizza between seeing patients, the duo begins to brainstorm about a new approach to radiation therapy, one that would target tumors more precisely and not damage so much healthy tissue at the same time. "We thought there had to be a better way to make the whole process easier and more efficient," recalls Minesh P. Mehta, M.D., program leader of radiation and imaging services at the University of Wisconsin Paul P. Carbone Comprehensive Cancer Center and a professor of human oncology at the University of Wisconsin School of Medicine and Public Health, both in Madison.

"We just started dreaming of a new machine," adds T. Rock Mackie, Ph.D., a researcher at the cancer center and a professor of medical physics and human oncology at the medical school. In their minds it was a CT scan–like device that would also let doctors pinpoint the tumor before each treatment. "Even I thought it was a crazy idea," says Dr. Mackie, 52.

Fast-forward nearly two decades. The crazy idea—now called TomoTherapy HI-ART System—has become a first-of-its-kind technology that is poised to CONTINUED ON PAGE 194

A new ADHD treatment: Vyvanse.



hen his ADHD treatment is consistent, so is Kevin.

in's ADHD symptoms weren't controlled throughout his busy day. teachers, coaches and even his friends didn't know the Kevin I know.

w Vyvanse has been shown to provide consistent ADHD symptom control up to 12 hours, from morning, through homework and family time.

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anse should not be taken if your child has advanced disease of the blood vessels eriosclerosis); symptomatic heart disease; moderate to severe high blood pressure; ractive thyroid gland (hyperthyroidism); known allergy or unusual reactions drugs called sympathomimetic amines (for example, pseudoephedrine); ures; glaucoma; a history of problems with alcohol or drugs; agitated es; taken a monoamine oxidase inhibitor (MAOI) within the last 14 days.

the doctor ***before*** taking Vyvanse if your child is being treated for or has symptoms lepression (sadness, worthlessness, or hopelessness) or bipolar disorder; has ormal thought or visions, hears abnormal sounds, or has been diagnosed with psychosis, has had seizures or abnormal EEGs; has or has had high blood pressure; exhibits aggressive behavior or hostility. Tell the doctor ***immediately*** if your child develops any of these conditions or symptoms while taking Vyvanse.

Abuse of amphetamines may lead to dependence. Misuse of amphetamine may cause sudden death and serious cardiovascular adverse events. These events have also been reported rarely with amphetamine use.

Vyvanse was generally well tolerated in clinical studies. The most common side effects reported in studies of Vyvanse were decreased appetite, difficulty falling asleep, stomachache, and irritability.

Aggression, new abnormal thoughts/behaviors, mania, growth suppression, worsening of motion or verbal tics, and Tourette's syndrome have been associated with use of drugs of this type. Tell the doctor if your child has blurred vision while taking Vyvanse.

se see Brief Summary of Full Prescribing Information on the following page.

Shire...your ADHD Support Company™

Vyvanse™ is a trademark of Shire LLC

IMPORTANT INFORMATION

Vyvanse™ (lisdexamfetamine dimesylate) capsules

WHAT IS THE MOST IMPORTANT INFORMATION I SHOULD KNOW ABOUT VYVANSE?

Vyvanse is a stimulant medicine. The following have been reported with use of stimulant medicines.

1. Heart-related problems:

- sudden death in patients who have heart problems or heart defects
- stroke and heart attack in adults
- increased blood pressure and heart rate

Tell your doctor if you or your child has any heart problems, heart defects, high blood pressure, or a family history of these problems.

Your doctor should check you or your child carefully for heart problems before starting Vyvanse.

Your doctor should check your or your child's blood pressure and heart rate regularly during treatment with Vyvanse.

Call your doctor right away if you or your child has any signs of heart problems such as chest pain, shortness of breath, or fainting while taking Vyvanse.

2. Mental (Psychiatric) problems:

All Patients

- new or worse behavior and thought problems
- new or worse bipolar illness
- new or worse aggressive behavior or hostility

Children and Teenagers

- new psychotic symptoms (such as hearing voices, believing things that are not true, are suspicious) or new manic symptoms

Tell your doctor about any mental problems you or your child has, or about a family history of suicide, bipolar illness, or depression.

Call your doctor right away if you or your child has any new or worsening mental symptoms or problems while taking Vyvanse, especially seeing or hearing things that are not real, believing things that are not real, or are suspicious.

WHAT IS VYVANSE?

Vyvanse is a central nervous system stimulant prescription medicine. It is used for the treatment of Attention-Deficit Hyperactivity Disorder (ADHD). Vyvanse may help increase attention and decrease impulsiveness and hyperactivity in patients with ADHD. Vyvanse should be used as a part of a total treatment program for ADHD that may include counseling or other therapies.

Vyvanse is a federally controlled substance (CII) because it can be abused or lead to dependence. Keep Vyvanse in a safe place to prevent misuse and abuse. Selling or giving away Vyvanse may harm others, and is against the law.

Tell your doctor if you or your child has (or has a family history of) ever abused or been dependent on alcohol, prescription medicines or street drugs.

WHO SHOULD NOT TAKE VYVANSE?

Vyvanse should not be taken if you or your child:

- has heart disease or hardening of the arteries
- has moderate to severe high blood pressure
- has hyperthyroidism
- has an eye problem called glaucoma
- is very anxious, tense, or agitated
- has a history of drug abuse
- is taking or has taken within the past 14 days an antidepression medicine called a monoamine oxidase inhibitor or MAOI.
- is sensitive to, allergic to, or had a reaction to other stimulant medicines

Vyvanse has not been studied in children less than 6 years old.

Vyvanse is not recommended for use in children less than 3 years old.

Vyvanse may not be right for you or your child. Before starting Vyvanse tell your or your child's doctor about all health conditions (or a family history of) including:

- heart problems, heart defects, high blood pressure
- mental problems including psychosis, mania, bipolar illness, or depression
- tics or Tourette's syndrome
- liver or kidney problems
- thyroid problems
- seizures or have had an abnormal brain wave test (EEG)

Tell your doctor if you or your child is pregnant, planning to become pregnant, or breastfeeding.

CAN VYVANSE BE TAKEN WITH OTHER MEDICINES?

Tell your doctor about all of the medicines that you or your child takes including prescription and nonprescription medicines, vitamins, and herbal supplements. Vyvanse and some medicines may interact with each other and cause serious side effects. Sometimes the doses of other medicines will need to be adjusted while taking Vyvanse. Your doctor will decide whether Vyvanse can be taken with other medicines.

Especially tell your doctor if you or your child takes:

- antidepression medicines including MAOIs
- antipsychotic medicines
- lithium
- blood pressure medicines
- seizure medicines
- narcotic pain medicines

Know the medicines that you or your child takes. Keep a list of your medicines with you to show your doctor and pharmacist.

Do not start any new medicine while taking Vyvanse without talking to your doctor first.

HOW SHOULD VYVANSE BE TAKEN?

- Take Vyvanse exactly as prescribed. Vyvanse comes in 3 different strength capsules. Your doctor may adjust the dose until it is right for you or your child.
- Take Vyvanse once a day in the morning.
- Vyvanse can be taken with or without food.
- From time to time, your doctor may stop Vyvanse treatment for awhile to check ADHD symptoms.
- Your doctor may do regular checks of the blood, heart, and blood pressure while taking Vyvanse. Children should have their height and weight checked often while taking Vyvanse. Vyvanse treatment may be stopped if a problem is found during these check-ups.
- If you or your child takes too much Vyvanse or overdoses, call your doctor or poison control center right away, or get emergency treatment.

WHAT ARE POSSIBLE SIDE EFFECTS OF VYVANSE?

See "What is the most important information I should know about Vyvanse?" for information on reported heart and mental problems.

Other serious side effects include:

- slowing of growth (height and weight) in children
- seizures, mainly in patients with a history of seizures
- eyesight changes or blurred vision

Common side effects include:

- upper belly pain
- decreased appetite
- dizziness
- dry mouth
- irritability
- trouble sleeping
- nausea
- vomiting
- weight loss

Vyvanse may affect your or your child's ability to drive or do other dangerous activities.

Talk to your doctor if you or your child has side effects that are bothersome or do not go away.

This is not a complete list of possible side effects. Ask your doctor or pharmacist for more information.

HOW SHOULD I STORE VYVANSE?

- Store Vyvanse in a safe place at room temperature, 59 to 86° F (15 to 30° C). Protect from light.
- Keep Vyvanse and all medicines out of the reach of children.

GENERAL INFORMATION ABOUT VYVANSE

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use Vyvanse for a condition for which it was not prescribed. Do not give Vyvanse to other people, even if they have the same condition. It may harm them and it is against the law.

This Medication Guide summarizes the most important information about Vyvanse. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information about Vyvanse that was written for healthcare professionals. For more information about Vyvanse, please contact Shire US Inc. at 1-800-828-2088 or visit www.Vyvanse.com.

WHAT ARE THE INGREDIENTS IN VYVANSE?

Active Ingredient: lisdexamfetamine dimesylate

Inactive Ingredients: microcrystalline cellulose, croscarmellose sodium, and magnesium stearate. The capsule shells contain gelatin, titanium dioxide, and one or more of the following: D&C Red #28, D&C Yellow #10, FD&C Blue #1 and FD&C red #40.

NEED INFORMATION OR HAVE A QUESTION?

This is only a summary of important information. Ask your doctor or pharmacist for complete product information. Go to www.Vyvanse.com. Or call 1-800-828-2088.

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Shire

This Medication Guide has been approved by the U.S. Food and Drug Administration.

02/07 LDXBS3

A new ADHD treatment: Vyvanse.



en her ADHD treatment is consistent, so is Sarah.

n's ADHD treatment wasn't consistently controlling her symptoms
ughout her busy day. Her teachers, coaches and even her friends didn't
v the Sarah I know.

**Vyvanse has been shown to provide consistent ADHD symptom control
morning, through homework and family time, for up to 12 hours.**

impressed with the results of the Vyvanse clinical study. Parents reported
D symptom control at approximately 10:00 a.m., 2:00 p.m. and 6:00 p.m.,
onstrating consistent symptom control throughout the day.

NEW Vyvanse™ (II)
lisdexamfetamine
dimesylate capsules

Consistently Vyvanse

Ask your doctor about NEW Vyvanse.
1-866-463-1308, www.vyvanse.com

rtant Safety Information:

**he doctor about any heart conditions, including structural abnormali-
hat you, your child, or a family member, may have.** Inform the doctor
diately if your child develops symptoms that suggest heart problems, such
st pain or fainting.

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see Brief Summary of Full Prescribing Information on the previous page.

transform cancer treatment.

Standard radiation therapy begins with just one CT scan to pinpoint the tumor. Tiny tattoo dots mark where the radiation machine will aim a rectangular beam at the tumor from several angles for a few minutes per dose. The problem is that over time, tumors change in size, shape and location, making the tattoo a less-accurate guide. Patients may get less radiation than needed and more healthy tissue may be affected, with side effects such as dry mouth, vaginal burning or intestinal problems.

With TomoTherapy, each treatment begins with a CT scan that outlines the tumor's current position and shape. Instead of a few angles, the machine slowly carries the patient past tens of thousands of tiny fan-shaped radiation beamlets that bombard the tumor in a 360-degree pattern.

"We can deposit a dose of radiation that reproduces the exact shape of the tumor, so the surrounding normal tissue gets far less exposure to radiation," says Dr. Mehta, 52. In people with head and neck cancer, for example, this minimizes how much radiation passes through the brain, salivary glands and spinal cord.

Targeting also means doctors can safely deliver more radiation per dose and potentially slash treatment duration. Dr. Mehta has been able to reduce the standard eight- to nine-week treatment for prostate cancer to four to five weeks for some patients and lung cancer from eight to 10 weeks to five.

About 125 radiation centers around the world already use TomoTherapy. "It's the next generation of radiation therapy treatment machines," says Christopher J. Schultz, M.D., professor of radiation oncology at the Medical College of Wisconsin, who uses the technology for his patients.



ANTHONY ATALA, M.D.

HARVESTING HUMAN STEM CELLS

The potential of research into stem cells is nothing short of awesome. Many scientists believe it may unlock the mysteries of such devastating conditions as diabetes, spinal cord injuries, and Parkinson's and Alzheimer's diseases, among others.

Stem cells are a kind of "master" cell that can develop into a number of specialized cell types, potentially replacing diseased or damaged tissue. They can be extracted from early-stage human embryos or from adult bone marrow and other tissues. Because they are not fully formed, embryonic stem cells have the capacity to become almost any cell type in the body, while adult cells are more limited in what they can do. But embryonic stem cells are also a subject of considerable ethical debate. In 2001 President Bush restricted federal funding for research on them; at press time he had just vetoed a bill that would have lifted this limitation.

CONTINUED ON PAGE 198

It's not who you think. It's a lot Smarter.

Our new Mint Chocolate Chip Sundae has minty ice cream and a classic cookie crust, generously topped with rich fudge sauce and chocolate chips. Indulge yourself, for just 170 smart calories.

Guess who tastes better than ever?™ SmartOnes

www.eatyourbest.com

Take your favorite friend wherever you go!



The metallic zipper pull comes in the shape of your favorite dog breed!

"Faithful Friend"
Classic Tote Bag

Shown much smaller than













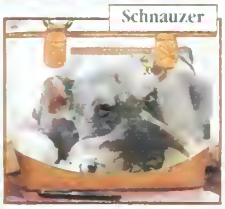


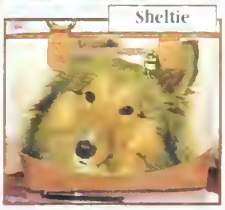


















YOUR CHOICE

Choose from sixteen popular breeds!

Your faithful companion is always in your heart! Now you can keep a reminder of him always at your side with a first-of-a-kind carry-all bag bearing an adorable image of your favorite breed. Presenting ... the *"Faithful Friend"* Classic Tote Bag, exclusively from Ardleigh Elliott.

Show your dog!

Crafted of the highest quality materials, this charming tote features a large portrait of the breed of your choice on the heavy-grade fabric bag. Real leather trim and straps frame the charming dog image, and handsome metal rings and feet add durability and fashion flair. A metallic dog "charm" in the breed you choose closes the front zip pocket. The interior is fabric-lined and the top zips closed to protect your valuable contents.

An excellent value; satisfaction guaranteed.

The *"Faithful Friend"* Classic Tote Bag is a premiere value at just $79.98*, payable in three easy installments of $26.66 each, with your satisfaction guaranteed for one full year. This unique tribute to your best friend is already generating strong interest from dog lovers. ***High Demand Will Limit Availability!*** Send no money now! Return the Reservation Application today.

collectiblestoday.com
Home of Ardleigh Elliott and All Things Collectible

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Please Respond Promptly

ARDLEIGH ELLIOTT®

Ardleigh Elliott
9204 Center for the Arts Drive
Niles, IL 60714

RESERVATION APPLICATION

YES. Please reserve the "Faithful Friend" Classic Tote Bag(s) for the breed(s) indicated, as described in this announcement.

- ❒ Yorkie 001
- ❒ Beagle 002
- ❒ Bichon Frise 003
- ❒ Boxer 004
- ❒ Dachshund 005
- ❒ German Shepherd 006
- ❒ Golden Retriever 007
- ❒ Yellow Lab 008
- ❒ Black Lab 016
- ❒ Pomeranian 009
- ❒ Poodle 010
- ❒ Pug 011
- ❒ Schnauzer 012
- ❒ Sheltie 013
- ❒ Shih-tzu 014
- ❒ Westie 015

Signature _____

Mr. Mrs. Ms. _____
Name (Please Print Clearly)

Your Address _____

City _____ State _____ Zip _____

07-00380-XXX-E88001

*Plus a total of $9.99 shipping and service. Please allow 8-10 weeks after initial payment for delivery. Subject to product availability and order acceptance.

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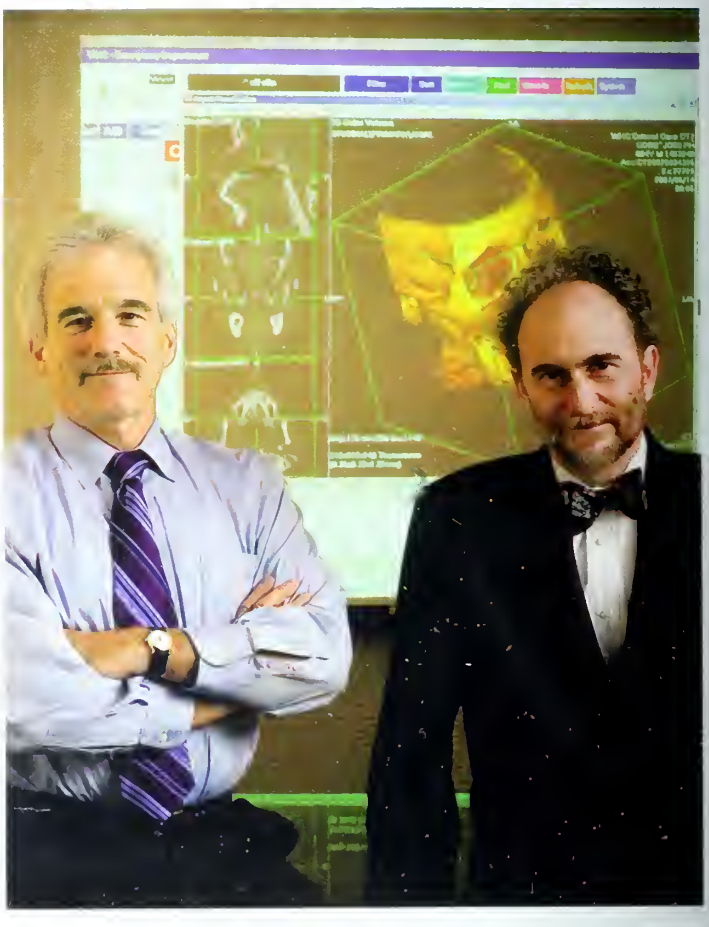
In January, seven years of research led by Anthony Atala, M.D., W. H. Boyce Professor and director of the Wake Forest Institute for Regenerative Medicine and chairman of urology at the Wake Forest University School of Medicine, found a crucial third source: human amniotic fluid and the placenta.

"His discovery has turned the stem cell field upside down," says Robert Lanza, M.D., vice president of research and scientific development at Advanced Cell Technology, a Worcester, Massachusetts, firm that develops stem cell technology.

Like embryonic stem cells, amniotic cells double every 36 hours, providing scientists with ample material. But unlike embryonic cells, which can be rejected and may form tumors in human tissue, amniotic cells are stable. "They don't form tumors, and we can avoid the rejection issue," says Dr. Atala, 49, who has produced liver, bone and brain cells from them.

The new cell lines will not end the debate over embryonic cells—nor should it, maintains Dr. Atala, who received the 2000 Christopher Columbus Foundation Award, given to a living American involved in research that will dramatically affect society. "It's not a good thing to eliminate one stem class completely," he says. "You don't know what is going to be best in the future for patients." Indeed, last year Japanese researchers developed a line of cells that come from adult mice, behave like stem cells and may eventually help scientists develop more types of cells from adult human issue.

Dr. Atala also pioneered a technique transplanting new bladders made from patients' own cells into seven children ages 4 to 19. The work took 16 years. Following up on them for five years after surgery, Dr. Atala found the new organ helped the kidneys and reduced urinary incontinence.



CRAIG F. FEIED, M.D. *(RIGHT)*, AND MARK S. SMITH, M.D.

MODERNIZING EMERGENCY ROOMS

Ladies' Home Journal has regularly reported on the strain on the nation's ERs. Now two physicians from the emergency department at Washington Hospital Center (WHC) have devised a dazzling computer system that may be the most significant tool to improve emergency-room care in decades. Bought last year by software giant Microsoft, it's now spreading nationwide.

Mark S. Smith, M.D., and Craig F. Feied, M.D., friends and colleagues since 1983, were as frustrated as their ER patients by the long wait times, made worse by doctors' inability to quickly access information on a patient's health history. "We were making decisions in a vacuum," says Dr. Feied, 53. "The only information I had was what a sick or injured CONTINUED ON PAGE 202


These BONES lived for *adventure*,
ought out the *unknown* and still laugh with *reckless abandon*.
They may also carry an INCREASED RISK for *fracture*.
1 OUT OF 2 WOMEN OVER FIFTY WILL SUFFER A FRACTURE IN HER LIFETIME DUE TO OSTEOPOROSIS.*
• That's why if you're postmenopausal you should talk to your doctor about ACTONEL and osteoporosis. ACTONEL helps protect bones by helping to block cells that can make them fragile. Your bones have always supported you. Help protect them with ACTONEL.
ACTONEL is a prescription medication to treat and prevent postmenopausal osteoporosis. Some risk factors for osteoporosis include Caucasian race, family history, small frame or smoking.
You should not take ACTONEL if you are allergic to any of the ingredients, if you have low blood calcium (hypocalcemia), have kidneys that work poorly, or cannot stand or sit upright for 30 minutes. Stop taking ACTONEL and tell your doctor if you experience difficult or painful swallowing, chest pain, or severe or continuing heartburn, as these may be signs of serious upper digestive problems. Follow dosing instructions carefully to lower the chance of these events occurring. Side effects are generally mild or moderate and may include back, muscle, bone or joint pain, stomach pain or upset, or constipation. Contact your doctor if symptoms are severe. Tell all of your healthcare providers about all the medicines that you take. If you have questions, talk to your doctor.
Please see Actonel patient information on the following page.
***Based on the 2004 Report of the Surgeon General on Bone Health and Osteoporosis.**
1-877-ACTONEL www.Actonel.com
Actonel
(risedronate sodium tablets)
Help protect your bones from fracture

...rmation: ACTONEL® (...oh-nel) Tablets

...edronate sodium tablets, 5 mg, ACTONEL ... sodium tablets, 35 mg, and ACTONEL ...isedronate ... tablets, 75 mg for ... Read this information ... before you start ... your medicine. Read the ... each time you get more medicine. ... information. This information does not take ... the place of talking with your health care provider about your ... condition or your treatment. If you have any questions ... are not sure about something, ask your health care provider ... pharmacist.

What is the most important information I should know about ACTONEL?

ACTONEL may cause problems in your stomach and esophagus (the tube that connects the mouth and the stomach), such as trouble swallowing, dysphagia, heartburn (esophagitis), and ulcers. You may not feel pain in your bones, joints, or muscles (See "What are the Possible Side Effects of ACTONEL?").

You must follow the instructions exactly for ACTONEL to work and to lower the chance of serious side effects. (See "How should I take ACTONEL?").

What is ACTONEL?

ACTONEL is a prescription medicine used:

- to prevent and treat osteoporosis in postmenopausal women (See "What is Osteoporosis?")
- to increase bone mass in men with osteoporosis.
- to prevent and treat osteoporosis in men and women that is caused by treatment with steroid medicines such as prednisone
- to treat Paget's disease of bone in men and women. The treatment for Paget's disease is very different than for osteoporosis and uses a different type of ACTONEL. This leaflet does not cover using ACTONEL for Paget's disease. If you have Paget's disease, ask your health care provider how to use ACTONEL

ACTONEL may reverse bone loss by stopping more loss of bone and increasing bone strength in most people who take it, even though they won't be able to see or feel a difference. ACTONEL helps lower the risk of breaking bones (fractures). Your health care provider may measure the thickness (density) of your bones or do other tests to check your progress.

See the end of this leaflet for information about osteoporosis.

Who should not take ACTONEL?

Do not take ACTONEL if you:

- have low blood calcium (hypocalcemia)
- cannot sit or stand up for 30 minutes
- have kidneys that work poorly
- have an allergy to ACTONEL. The active ingredient in ACTONEL is risedronate sodium. (See the end of this leaflet for a list of all the ingredients in ACTONEL.)

Tell your doctor before using ACTONEL if:

- you are pregnant or may become pregnant. We do not know if ACTONEL can harm your unborn child.
- you are breast-feeding or plan to breast-feed. We do not know if ACTONEL can pass through your milk and if it can harm your baby.
- you have kidney problems. ACTONEL may not be right for you.

Tell your doctor about all the medicines you take, including prescription and non-prescription medicines, vitamins and herbal supplements.

ACTONEL can interact with other medicines. Keep a list of all the medicines you take. Show it to all your health care providers, including your dentist and pharmacist, each time you get a new medicine.

How should I take ACTONEL?

The following instructions are for ACTONEL 5 mg (daily), ACTONEL 35 mg (Once-a-Week), and ACTONEL 75 mg (Two Consecutive Days each Month):

- Take ACTONEL first thing in the morning before you eat or drink anything except plain water.
- Take ACTONEL while you are sitting up or standing.
- Take ACTONEL with 6 to 8 ounces (about 1 cup) of plain water. Do not take it with any other drink besides plain water. Do not take it with coffee, tea, juice, milk, or other dairy drinks.
- Swallow ACTONEL whole. **Do not chew** the tablet or keep it in your mouth to melt or dissolve.
- After taking ACTONEL you must wait at least 30 minutes BEFORE:
  - you lie down. You may sit, stand, or do normal activities like reading the paper or take a walk.
  - you eat food, drinking anything except plain water
  - taking calcium or antacids. Take vitamins, calcium, and antacids at a different time of the day from when you take ACTONEL.
- Keep taking ACTONEL for as long as your health care provider tells you.
- For ACTONEL to treat your osteoporosis or keep you from getting osteoporosis, you have to take it exactly as prescribed.
- Your health care provider may tell you to take calcium and vitamin D supplements and to exercise.

What is my ACTONEL schedule?

If your doctor has prescribed **ACTONEL 5 mg daily (a yellow tablet):**

- Take 1 ACTONEL 5 mg tablet every day in the morning.
- If you miss a dose of your ACTONEL 5 mg in the morning, do **not** take it later in the day. Take only 1 ACTONEL 5 mg tablet the next morning and continue your usual schedule of 1 tablet a day. Do **not** take 2 tablets on the same day.

If your doctor has prescribed **ACTONEL 35 mg Once-a-Week (an orange tablet):**

- Choose 1 day of the week that you will remember and that best fits your schedule to take your ACTONEL 35 mg. Every week, take 1 ACTONEL 35 mg tablet in the morning on your chosen day.
- If you miss a dose of your ACTONEL 35 mg in the morning, do **not** take it later in the day. Take only 1 ACTONEL 35 mg tablet the next morning and continue your usual schedule of 1 tablet on your chosen day of the week. Do **not** take 2 tablets on the same day.

If your doctor has prescribed **ACTONEL 75 mg Two Consecutive Days each Month (a pink tablet):**

- Choose 2 days in a row during the month that best fits your schedule and that you will remember to take your ACTONEL 75 mg. Take 1 ACTONEL 75 mg tablet in the morning of your first chosen day. Take the second tablet in the morning of the following day. ACTONEL 75 mg tablets should be taken on the same two consecutive days each month.
- If you miss one or both tablets of your dose of ACTONEL 75 mg in the morning, do **not** take it later in the day.
  If the next month's scheduled doses are more than 7 days away do the following:
  If both tablets were missed, take the first ACTONEL 75 mg tablet on the morning after the day it is remembered and the second tablet on the next consecutive morning.
  If only one tablet is missed, take the missed tablet on the morning after the day it is remembered.
  You should then continue your usual schedule of ACTONEL 75 mg on two consecutive days each month.
  Do not take more than two 75 mg tablets within 7 days.
  If the next month's scheduled doses are 1 to 7 days away, you should wait until next month's scheduled doses and then resume taking ACTONEL 75 mg on two consecutive days each month as originally scheduled.
- **If you are not sure what to do if you miss a dose, contact your health care provider who will be able to advise you.**

What should I avoid while taking ACTONEL?

- Do not eat or drink anything except water before you take ACTONEL and for at least 30 minutes after you take it.
- Do not lie down for at least 30 minutes after you take ACTONEL.
- Foods and some vitamin supplements and medicines can stop your body from absorbing (using) ACTONEL. Therefore, do not take anything other than plain water at or near the time you take ACTONEL. (See "How should I take ACTONEL?").

What are the possible side effects of ACTONEL?

Stop taking ACTONEL and tell your health care provider right away if:

- **swallowing is difficult or painful**
- **you have chest pain**
- **you have very bad heartburn or it doesn't get better**

ACTONEL may cause:

- pain or trouble swallowing (dysphagia)
- heartburn (esophagitis)
- ulcers in your stomach and esophagus (the tube that connects the mouth and the stomach)
- pain in bones, joints or muscles, sometimes severe. Pain may start as soon as one day or up to several months after starting ACTONEL.

The most common side effects with ACTONEL include back pain, joint pain, upset stomach, abdominal (stomach area) pain, constipation, diarrhea, gas, and headache. Tell your health care provider if you have pain or discomfort in your stomach or esophagus. Rarely, severe skin reactions may occur. Patients may get allergic reactions such as rash, hives, or in rare cases, swelling that can be of the face, lips, tongue, or throat, which may cause trouble breathing or swallowing.

In rare cases, patients taking ACTONEL may get eye inflammation, usually with pain, redness and sensitivity to light.

Rarely, patients had jaw problems associated with delayed healing and infection, often following tooth extraction.

These are not all the possible side effects of ACTONEL. You can ask your health care provider or pharmacist about other side effects. Any time you have a medical problem you think may be from ACTONEL, talk to your doctor.

What is osteoporosis?

Osteoporosis is a disease that causes bones to become thinner. Thin bones can break easily. Most people think of their bones as being solid like a rock. Actually, bone is living tissue, just like other parts of the body—your heart, brain, or skin, for example. Bone just happens to be a harder type of tissue. Bone is always changing. Your body keeps your bones strong and healthy by replacing old bone with new bone.

Osteoporosis causes the body to remove more bone than it replaces. This means that bones get weaker. Weak bones are more likely to break. Osteoporosis is a bone disease that is quite common, especially in older women. However, young people and men can develop osteoporosis, too. Osteoporosis can be prevented, and with proper therapy it can be treated.

How can osteoporosis affect me?

- You may not have any pain or other symptoms when osteoporosis begins.
- You are more likely to break (fracture) a bone especially if you fall because osteoporosis makes your bones weaker. You are most likely to break a bone in your back (spine), wrist, or hip.
- You may "shrink" (get shorter).
- You may get a "hump" (curve) in your back.
- You may have bad back pain that makes you stop some activities.

Who is at risk for osteoporosis?

Many things put people at risk for osteoporosis. The following people have a higher chance of getting osteoporosis:

Women who:

- are going through or who are past menopause ("the change")
- are white (Caucasian) or Asian

People who:

- are thin
- have a family member with osteoporosis
- do not get enough calcium or vitamin D
- do not exercise
- smoke
- drink alcohol often
- take bone thinning medicines (like prednisone or other corticosteroids) for a long time

General information about ACTONEL:

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use ACTONEL for a condition for which it was not prescribed. Do not give ACTONEL to other people, even if they have the same symptoms you have. It may harm them.

What if I have other questions about ACTONEL?

This leaflet summarizes the most important information about ACTONEL for osteoporosis. If you have more questions about ACTONEL, ask your health care provider or pharmacist. They can give you information written for health care professionals. For more information, call 1-877-**ACTONEL** (toll-free) or visit our website at www.actonel.com.

What are the ingredients of ACTONEL?

ACTONEL (active ingredient): risedronate sodium.

ACTONEL (inactive ingredients): crospovidone, ferric oxide red (35 mg and 75 mg tablets only), ferric oxide yellow (5 mg and 35 mg tablets only), hydroxypropyl cellulose, hydroxypropyl methylcellulose, lactose monohydrate (5 mg, 30 mg and 35 mg tablets only), magnesium stearate, microcrystalline cellulose, polyethylene glycol, silicon dioxide, and titanium dioxide.

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patient could tell me." Any earlier medical records the hospital had were very hard to access. "That doesn't help you make life or death decisions," he says.

Before entering medicine Dr. Smith earned a degree in computer science and Dr. Feied, in biophysics. Both were fascinated with an emerging field called medical informatics, the study of how medical information is handled. Both felt health care was light-years behind.

"There is more information technology at an Avis or Safeway checkout than there is at most hospitals," says Dr. Smith, 60, who became chairman of WHC's department of emergency medicine and professor and chairman of emergency medicine at Georgetown University School of Medicine in 1995. He hired Dr. Feied as director of the Institute for Medical Informatics.

In January 1997, after just 13 months of work, the duo launched a software program in WHC's emergency department. Called Azyxxi, it gathers all medical data the hospital has about a patient (blood work, X-rays, an ultrasound, etc.), no matter which computer program stored it originally. The software creates a new file for each patient and lets staffers call it up in just one-tenth of a second.

Azyxxi's effect was seismic. ER wait times dropped from about six hours to about one, allowing 37,000 additional patients per year to be seen. Later it was adopted by the six other hospitals in WHC's MedStar Health network, which attracted Microsoft. Dr. Feied is now general manager of Microsoft Health Solutions Group, while staying a professor at Georgetown. Next in line: NewYork Presbyterian Hospital, in New York City, the Johns Hopkins Health System, in Baltimore, and the Wisconsin Health Information Exchange.



Todd A. Kuiken, M.D., Ph.D.

CREATING A BIONIC ARM

Claudia Mitchell remembers May 27, 2004, all too well. It was a beautiful Arkansas afternoon so she accepted a friend's invitation to go for a ride on the back of his motorcycle. But half an hour into the ride something went horribly wrong. While navigating a curve, her friend lost control of the bike and Mitchell's life changed forever. She was thrown off the bike, suffered internal injuries and her left arm was severed below the shoulder when her body hit a guard rail. She was just 24.

Recovery was tough. Mitchell, a former Marine who had served in Kuwait, was fitted with a prosthetic arm that fall but became extremely frustrated when it proved difficult to use. Extending her arm and opening and closing the hand to pick up an object, for example, was a 25-step process of figuring out each move, adjusting her shoulder muscles and flexing one muscle at a time. CONTINUED





Mushrooms. They can be anything. Enjoy tasty snacks like MorningStar Farms Mushroom Mozzarella Bites. Delicious portobello mushrooms and mozzarella wrapped in a cozy nugget. With veggie protein. Find more creative veggie snacks, like Spinach Artichoke Bites, at SeeVeggiesDifferently.com.

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Result: The arm "basically collected dust on a shelf," she says.

Then a friend showed her an article about a high-power lineman who had lost both arms in an electrocution and been given amazing new prosthetic arms created at the Rehabilitation Institute of Chicago (RIC). A team headed by Todd A. Kuiken, M.D., Ph.D., director of RIC's Amputee Programs and director of the institute's Neural Engineering Center for Artificial Limbs, had developed a bionic, or myoelectric, arm. Weighing just six pounds, it enabled the user to move his arm simply by thinking about it. This is possible thanks to a breakthrough surgical procedure called targeted muscle reinnervation, pioneered by Dr. Kuiken, 47. Four major nerves that travel down a patient's arm are moved from the shoulder and reconnected to healthy chest muscle and chest skin. Then, simply the thought to move the arm generates nerve impulses that are sensed by the electrodes. "It's very intuitive," explains Dr. Kuiken.

Determined to get one of those arms for herself, Mitchell contacted the institute, told her story to anyone who would listen and eventually was connected to Dr. Kuiken. The two met in January 2005 and on August 2 of that year—Mitchell's 25th birthday—she underwent the life-changing surgery that last year enabled her to become the first woman, and the fourth person, to receive the three-motor arm, so called because it lets a person move three joints—the hands, wrist and elbow. What's more, Dr. Kuiken, with plastic surgeon Gregory Dumanian, M.D., of Chicago's Northwestern Memorial Hospital, devised a way to implant the nerves without cutting into or removing the tissue from Mitchell's chest, as had previously been done with male patients.

What makes the arm so unique is that CONTINUED ON PAGE 208

MARIANNE J. LEGATO AWARD
for Gender-Specific Medicine

Ethel S. Siris, M.D.

BETTER BONES FOR WOMEN *AND* MEN

Can you imagine doctors waiting for a patient to have a stroke—and then checking her blood pressure? That after-the-fact approach is how osteoporosis care is currently dealt with, says Ethel S. Siris, M.D., professor of clinical medicine and the director of the Toni Stabile Osteoporosis Center at Columbia University Medical Center, NewYork-Presbyterian Hospital.

As president of the National Osteoporosis Foundation (NOF) and a major osteoporosis researcher, Dr. Siris has been leading the charge to draw attention to the disease, which affects 8 million American women and 2 million men. Nearly 34 million more have low bone mass, a less-serious condition that boosts the risk of osteoporosis. Dr. Siris is also working to help Americans realize that osteoporosis is not just a problem for women.

Dr. Siris's passion is fueled by personal experience. Her mother fell on her back and suffered several vertebral fractures in her 70s as a result of osteoporosis. "I remember vividly how distressed I was and how little we could do for her," recalls Dr. Siris. Though her mother lived to 88, she suffered from a back deformity for the remainder of her life.

Dr. Siris is principal investigator for the National Osteoporosis Risk Assessment study, a 1997 to 2006 assessment of the risk of osteoporosis in more than 200,000 women, ages 50 to 99, resulting in more than 20 papers so far, with more likely to come.

In the future the NOF hopes to issue guidelines for women and—a first—men. "It's gratifying to see clinicians of her stature thinking of the unique needs of men with diseases considered women's illnesses," says Dr. Marianne J. Legato, founder and director of the Partnership for Gender-Specific Medicine at Columbia University, for whom this award is named.





Are bladder leaks and accidents interrupting your life?

Then maybe it's time to ask your doctor about Enablex, a prescription medicine for overactive bladder. Enablex can help **reduce leaks and accidents for a full 24 hours.** It's specifically designed to target the muscles that control the bladder. And more control means less interruptions.

Enablex is used in adults to treat symptoms of overactive bladder, including leaks and wetting accidents (called "urinary incontinence"), a strong need to go to the bathroom right away (called "urgency"), and having to go too often (called "frequency").

Important Information: You should not take once-daily Enablex if you have certain types of stomach problems, glaucoma or have trouble emptying your bladder. Side effects of Enablex include blurred vision and more commonly dry mouth, constipation, indigestion, and abdominal pain. Use caution when doing certain activities until you know how Enablex affects you.

Please read the Patient Product Information on the adjacent page. If you don't have prescription coverage and can't afford your medicines, call 1-800-245-5356 or log onto pap.novartis.com. To learn more, call 1 877-3-ENABLEX or visit enablex.com. **Ask your doctor about Enablex.**

Enablex®
(darifenacin)
Life, less interrupted.



PATIENT INFORMATION

ENABLEX *(ĕn-ā-blĕx)*

(darifenacin)

extended release tablets

7.5 mg or 15 mg

Rx only

Read the Patient Information that comes with ENABLEX® before you start taking it and each time you get a refill. There may be new information. This leaflet does not take the place of talking to your doctor or other healthcare professional about your medical condition or your treatment. Only your doctor or healthcare professional can determine if treatment with ENABLEX is right for you.

What is ENABLEX?
ENABLEX is a prescription medicine used in adults to treat the following symptoms due to a condition called overactive bladder:
- having a strong need to go to the bathroom right away (also called "urgency")
- leaking or wetting accidents (also called "urinary incontinence")
- having to go to the bathroom too often (also called "urinary frequency")

What is overactive bladder?
Overactive bladder happens when you cannot control your bladder contractions. When these muscle contractions happen too often or cannot be controlled, you get symptoms of overactive bladder, which are urinary urgency, urinary incontinence (leakage) and urinary frequency.

Who should not take ENABLEX?
Do not take ENABLEX if you:
- are not able to empty your bladder (also called "urinary retention")
- have delayed or slow emptying of your stomach (also called "gastric retention")
- have an eye problem called "uncontrolled narrow-angle glaucoma"
- are allergic to ENABLEX or to any of its ingredients. See the end of this leaflet for a complete list of ingredients.

ENABLEX has not been studied in children.

What should I tell my doctor before starting ENABLEX?
Before starting ENABLEX, tell your doctor or healthcare professional about all of your medical conditions including if you:
- have any stomach or intestinal problems, or problems with constipation
- have trouble emptying your bladder or if you have a weak urine stream
- have an eye problem called narrow-angle glaucoma
- have liver problems
- are pregnant or are planning to become pregnant. It is not known if ENABLEX can harm your unborn baby.
- are breast-feeding. It is not known if ENABLEX passes into breast milk and if it can harm your baby.

Tell your doctor about all the medicines you take, including prescription and nonprescription medicines, vitamins, and herbal supplements. ENABLEX and certain other medicines can interact with each other, causing side effects. Especially tell your doctor if you take:
- ketoconazole (Nizoral®) or itraconazole (Sporonox®), antifungal medicines
- clarithromycin (Biaxin®), an antibiotic medicine
- ritonivir or nelfinavir (Viracept®), antiviral medicines
- nefazadone (Serzone®), a depression medicine
- flecainide (Tambocor™) an abnormal heartbeat (antiarrhythmia) medicine
- thioridazine (Mellaril®) a mental disorder (antipsychotic) medicine
- a medicine called a tricyclic antidepressant

Know all the medicines you take. Keep a list of them with you to show your doctor and pharmacist each time you get a new medicine.

How should I take ENABLEX?
Take ENABLEX exactly as prescribed. Your doctor will prescribe the dose that is right for you. Your doctor may prescribe the lowest dose if you have certain medical conditions such as liver problems.
- Your doctor will tell you to take ENABLEX once daily with liquid.
- **ENABLEX should be swallowed whole and not chewed, divided or crushed.**
- ENABLEX may be taken with or without food.
- If you miss a dose of ENABLEX, begin taking ENABLEX again the next day. Do not take two doses of ENABLEX in the same day.
- If you take too much ENABLEX, call your local Poison Control Center or emergency room right away.

What are the possible side effects of ENABLEX?
The most common side effects with ENABLEX are:
- dry mouth
- constipation

ENABLEX may cause other less common side effects that include:
- blurred vision. Use caution while driving or doing dangerous activities until you know how ENABLEX affects you.
- heat prostration. Heat prostration (due to decreased sweating) can occur when drugs such as ENABLEX are used in a hot environment.

These are not all the side effects with ENABLEX. For more information, ask your doctor, healthcare professional or pharmacist.

How do I store ENABLEX?
- **Keep ENABLEX and all medicines out of the reach of children.**
- Store ENABLEX at room temperature, 59 to 86°F (15 to 30°C). Protect from light.
- Safely dispose of ENABLEX that is out of date or no longer needed.

General information about ENABLEX
Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not give ENABLEX to other people, even if they have the same symptoms you have. It may harm them.

This leaflet summarizes the most important information about ENABLEX. If you would like more information, talk with your doctor. You can ask your pharmacist or doctor for information about ENABLEX that is written for health professionals. You can also call the product information department at 1-888-44-ENABLEX (1-888-443-6225) or visit the website at www.Enablex.com.

What are the ingredients in ENABLEX?
Active Ingredient: darifenacin

Inactive Ingredients: dibasic calcium phosphate anhydrous, hydroxypropyl methylcellulose (hypromellose), lactose monohydrate, magnesium stearate, titanium dioxide and triacetin. The 15-mg tablet also contains FD&C Yellow No. 6 Aluminum Lake.

Appearance
The 7.5-mg tablet is round and white-colored with "DF" on one side and "7.5" on the other side.

The 15-mg tablet is round and peach-colored with "DF" on one side and "15" on the other side.

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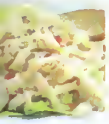


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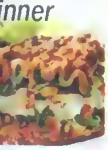
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Mitchell can open and close her hand, flex her wrist and bend her elbow almost as naturally as she can her other arm. For example, when she thinks "close hand," a perfectly choreographed sequence of events takes place: Muscles in her chest contract, electrodes attached to her body when the arm is strapped in place detect that movement and then signal a computer in her prosthetic arm to close the hand. Now, marvels Mitchell, "I can cook more easily because I can hold certain utensils, I can put on my makeup, and I can do laundry."

It took Dr. Kuiken nearly two decades to develop the three-motor arm. "It started with reading one line in a research paper suggesting how you might be able to relocate nerves," he recalls, and he continued the quest as a doctoral student in biomedical engineering at Northwestern University through the Feinberg School of Medicine at Northwestern University and a residency at RIC. His big breakthrough came in 2005 when Jesse Sullivan, the lineman, was able to lift a glass of water using the three-motor arm.

With the help of Sullivan and Mitchell, Dr. Kuiken and his team are now fine-tuning a six-motor arm that permits more movements and may enable a person to sense how hard they are squeezing something and whether the object is hot or cold, smooth or rough. They hope it will be ready within the next few years. The team has also been tapped by the Department of Defense to join an effort to improve prosthetic arms, including equipping them with movable thumbs and fingers.

In the pipeline: a new, improved version of the prosthetic leg. It could take years, but Dr. Kuiken isn't daunted. "I am a gearhead and proud of it. I am also a doctor and proud of that. The two actually go together quite well," he says. "I am not going to have to worry about retiring early."



Barbara A. Goff, M.D.

DIAGNOSING OVARIAN CANCER EARLY

Among gynecologic cancers, ovarian cancer is the deadliest. It accounts for just 4 percent of all cancers in American women, yet it's the fifth leading cause of cancer death. An estimated 22,430 new cases will be diagnosed in the United States this year, and 15,280 women will die of it. The reason the prognosis is so poor compared with, say, breast cancer is that currently there is no definitive screening test. As a result, experts have historically dubbed it the "silent killer," maintaining that it is symptomless until it has spread, giving patients an overall five-year survival rate of just 45 percent.

So when a groundbreaking January 2007 study in the journal *Cancer* showed that ovarian cancer does, in fact, cause symptoms in its early stages, doctors, medical organizations and ovarian cancer advocates paid attention. Barbara A. Goff, M.D., 47, director of gynecologic oncology at the University of Washington, CONTINUED



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found that women with ovarian cancer reported common symptoms prior to their diagnosis: pelvic or abdominal pain, increased abdominal size or bloating, frequent or urgent urination and difficulty eating because they felt full before finishing a regular-size meal. What's more, the women had experienced the symptoms for 12 or more days per month, over less than a year. This spring the American Cancer Society, the Gynecologic Cancer Foundation and the Society of Gynecologic Oncologists issued a consensus statement embracing the symptom list as useful, the first official recognition that ovarian cancer is not silent. It was endorsed by 18 cancer and ovarian-cancer groups.

Dr. Goff's involvement in ovarian-cancer research came from conversations with patients, who, despite the medical community's hard line that the disease's early stages were symptomless, begged to differ. "I was impressed by the ease with which these women could recall the health problems that preceded their diagnosis," she says. "So many had been significantly blown off when they tried to talk to their doctors. Then they ended up having ovarian cancer after all."

One survivor—a nurse named Cindy Melancon—made a particular impression on Dr. Goff, who asked her to join a research project to document whether symptoms did exist. The study was published in *Cancer* in 2000. "I did that project on a shoestring," says Dr. Goff. A patient donated $1,000 to cover research costs, and a statistician donated her time, while Melancon came up with a mailing list. "We found that 97 percent of the 1,700 women in the study reported symptoms prior to their diagnosis," says Dr. Goff. An astounding 89 percent with early-stage disease had symptoms.

Since many symptoms, such as bloating, also indicate benign conditions, the next step was to distinguish women with ovarian cancer from those with a less-serious problem. For that study, published in the *Journal of the American Medical Association* in 2004, Dr. Goff again partnered with Melancon. "It showed a big difference in the frequency, severity and duration of symptoms in women with ovarian cancer," says Dr. Goff. Sadly, Melancon died of the disease in 2003, before the study was released. "Dr. Goff's doggedness and persistence have been crucial," says Patricia Goldman, a 14-year ovarian-cancer survivor and president emeritus and a founder of the Ovarian Cancer National Alliance, which has endorsed the consensus statement. "As people who had ovarian cancer, we knew there were symptoms in the early stages. Dr. Goff listened. That wasn't the case with many physicians."

Dr. Goff hopes the index will give women a fighting chance. "When ovarian cancer is caught in stage 1 or 2, the cure rate can be 70 to 90 percent," she says. "For the many patients who get a later diagnosis, the cure rate can be 10 to 20 percent."

If signs point to cancer, women need a medical exam and may further need a transvaginal ultrasound, a blood test for CA-125, a protein associated with ovarian cancer, and exploratory surgery.

Medical Heroes

We held our first annual Health Breakthrough Awards last year. Winners were celebrated for their pioneering work on breast cancer, ovarian cancer, stroke and other women's health issues. To lea more, go to **WWW.LHJ.COM/HBA**





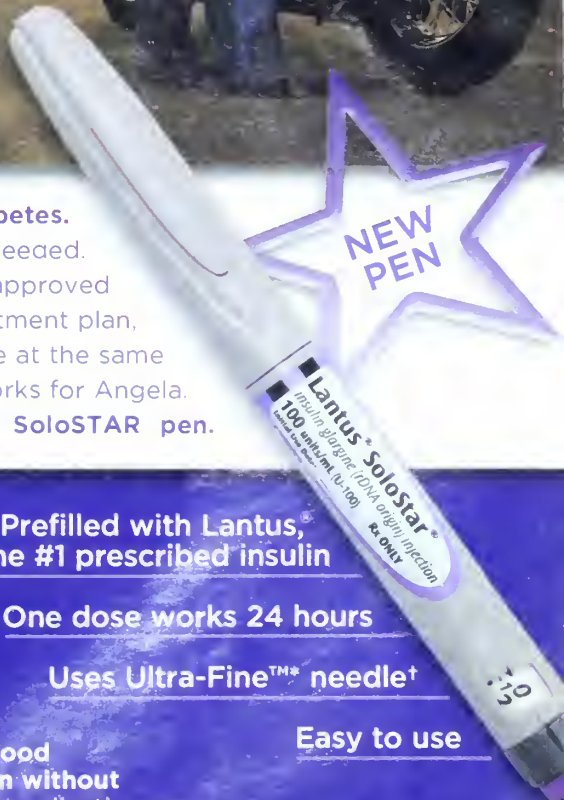
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escription Lantus® is for adults with type 2 diabetes or ults and children (6 years and older) with type 1 diabetes o require long-acting insulin for the control of high blood sugar.

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O NOT DILUTE OR MIX LANTUS® WITH ANY OTHER INSULIN R SOLUTION. It will not work as intended, and you may lose blood ugar control, which could be serious. Do not change your insulin without lking with your doctor. The syringe must not contain any other medication or sidue. You should not use Lantus® if you are allergic to insulin. Lantus® is a long-cting insulin you inject just once a day, at the same time each day. **You must test our blood sugar levels while using an insulin such as Lantus.®**

he most common side effect of insulin, including Lantus,® is hypoglycemia, which may be serious. Other ossible side effects may include injection site reactions, including changes in fat tissue at the injection site, nd allergic reactions including itching and rash. In rare cases, some allergic reactions may be life threatening. ell your doctor about other medicines and supplements you e taking because they can change the way insulin works.

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Because health matters

Please see additional important information on the next page.

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insulin glargine [rDNA origin] injection

sk your doctor if Lantus® fits into your overall diabetes treatment plan, which includes diet, exercise, oral medications and/or mealtime insulin.

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LANTUS

insulin glargine [rDNA origin] injection)

LANTUS must NOT be diluted or mixed with any other insulin or solution.

INDICATIONS AND USAGE

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CONTRAINDICATIONS

[illegible] glargine or its [illegible] excipients.

WARNINGS

Hypoglycemia is the most common adverse effect of insulin, including LANTUS. As with all insulins, the timing of hypoglycemia may differ among various insulin formulations. Glucose monitoring is recommended for all patients with diabetes.

Any change of insulin should be made cautiously and only under medical supervision. Changes in insulin strength, timing of dosing, manufacturer, type (e.g., regular, NPH, or insulin analogs), species (animal, human), or method of manufacture (recombinant DNA versus animal-source insulin) may result in the need for a change in dosage. Concomitant oral antidiabetes treatment may need to be adjusted.

PRECAUTIONS

General:

[illegible] administration. The prolonged duration of activity of insulin glargine is dependent [illegible] intravenous administration of the usual subcutaneous dose could result in severe [illegible]

LANTUS must NOT be diluted or mixed with any other insulin or solution. If LANTUS is diluted or mixed, the [illegible] becomes cloudy, and the pharmacokinetic pharmacodynamic profile (e.g., onset of action, time to peak [illegible] of LANTUS and/or the mixed insulin may be altered in an unpredictable manner. When LANTUS and regular [illegible] were mixed or titrated at a ratio before injection in dogs, a delayed onset of action and time to maximum effect [illegible] regular human insulin was observed. The total bioavailability of the mixture was also slightly decreased compared to [illegible] injections of LANTUS and regular human insulin. The relevance of these observations in dogs to humans is not known.

As with all insulin preparations, the time course of LANTUS action may vary in different individuals or at different times [illegible] the same individual and the rate of absorption is dependent on blood supply, temperature, and physical activity.

Insulin, including LANTUS, can cause sodium retention and edema, particularly if previously poor metabolic control is improved by intensified insulin therapy.

Hypoglycemia:

As with all insulin preparations, hypoglycemic reactions may be associated with the administration of LANTUS. Hypoglycemia is the most common adverse effect of insulins. Early warning symptoms of hypoglycemia may be different or less pronounced under certain conditions, such as long duration of diabetes, diabetes nerve disease, use of medications such as beta-blockers, or intensified diabetes control (see PRECAUTIONS, Drug Interactions). Such situations may result in severe hypoglycemia (and possibly loss of consciousness) prior to patients' awareness of hypoglycemia.

The time of occurrence of hypoglycemia depends on the action profile of the insulins used and may, therefore, change when the treatment regimen or timing of dosing is changed. Patients being switched from twice daily NPH insulin to once-daily LANTUS should have their initial LANTUS dose reduced by 20% from the previous total daily NPH dose to reduce the risk of hypoglycemia (see DOSAGE AND ADMINISTRATION, Changeover to LANTUS).

The prolonged effect of subcutaneous LANTUS may delay recovery from hypoglycemia.

In a clinical study, symptoms of hypoglycemia or counterregulatory hormone responses were similar after intravenous insulin glargine and regular human insulin both in healthy subjects and patients with type 1 diabetes.

Renal Impairment:

Although studies have been performed in patients with diabetes and renal impairment, LANTUS requirements may be decreased because of reduced insulin metabolism. (similar to observations for all with other insulins; see CLINICAL PHARMACOLOGY, Special Populations).

Hepatic Impairment:

Although studies have not been performed in patients with diabetes and hepatic impairment, LANTUS requirements may be decreased due to reduced capacity for gluconeogenesis and reduced insulin metabolism. [illegible] to observations with other insulins (see CLINICAL PHARMACOLOGY, Special Populations).

Injection Site and Allergic Reactions:

As with any insulin therapy, lipodystrophy may occur at the injection site and delay insulin absorption. Other injection site reactions with insulin therapy include redness, pain, itching, hives, swelling, and inflammation. Continuous rotation of the injection site within a given area may help to reduce or prevent these reactions. Most minor reactions to insulin usually resolve in a few days to a few weeks.

Reports of injection site pain were more frequent with LANTUS than NPH human insulin (2.7% insulin glargine versus 0.7% NPH). The reports of pain at the injection site were usually mild and did not result in discontinuation of therapy.

Immediate-type allergic reactions are rare. Such reactions to insulin, including insulin glargine, or the excipients may [illegible] be associated with generalized skin reactions, angioedema, bronchospasm, hypotension, or shock and may [illegible] threatening.

Intercurrent Conditions:

[illegible] requirements may be altered during intercurrent conditions such as illness, emotional disturbances, or stress.

Information for Patients:

LANTUS should be used if the solution is clear and colorless with no particles visible (see DOSAGE AND ADMINISTRATION, Preparation and Handling).

Patients must be advised that LANTUS must NOT be diluted or mixed with any other insulin or solution (see PRECAUTIONS, General).

[illegible] and be instructed in adequate blood glucose monitoring, proper injection technique, [illegible] and hyperglycemia management. Patients must be instructed on handling of special situations such as [illegible] illness, missed doses, meal disturbances, inadequate or skipped insulin dose, inadvertent [illegible] increased insulin dose, inadequate food intake, or skipped meals. Refer patients to the LANTUS [illegible] for additional information.

[illegible] diabetes. The ability to concentrate and/or react may be impaired as a result of hypo- [illegible]

[illegible] be advised to inform their health care professional if they are pregnant or are contem- [illegible]

Drug Interactions:

[illegible] metabolism and may require insulin dose adjustment and particularly close [illegible]

[illegible] the following agents may increase the blood glucose lowering effect and susceptibility to hypo- [illegible] oral hypoglycemic agents, salicylates, sulfonamide antibiotics, fluoxetine, MAO inhibitors, propoxyphene [illegible] substituted amphetamines, sympathomimetic agents (e.g., epinephrine, albuterol, terbutaline, isoniazid, phenothiazine derivatives, somatropin, nonselective beta-blockers, corticosteroids, [illegible] hormone replacement therapy, oral contraceptives, protease inhibitors and [illegible] antipsychotic agents (e.g., olanzapine and clozapine).

[illegible] and alcohol may either potentiate or weaken the blood-glucose-lowering effect [illegible] Long-acting sympathomimetic agents (e.g., beta-blockers, clonidine, guanethidine and [illegible] may potentiate or weaken the blood-glucose-lowering effect. [illegible] may be followed by hyperglycemia.

Carcinogenesis, Mutagenesis, Impairment of Fertility:

[illegible] were performed at dose [illegible] as a combined fertility and prenatal and postnatal study in male and female rats at subcutaneous doses up [illegible] of 0.36 mg/kg/day, which is approximately 7 times the recommended human subcutaneous starting dose of 10 [illegible] 0.008 mg/kg/day, based on mg/m² maternal toxicity due to dose-dependent hypoglycemia, including some deaths, was observed. Consequently, a reduction of the rearing rate occurred in the high-dose group only. Similar effects were observed with NPH human insulin.

Pregnancy:

Teratogenic Effects. Pregnancy Category C. Subcutaneous reproduction and teratology studies have been performed with insulin glargine and regular human insulin in rats and Himalayan rabbits. The drug was given to female rats before mating, during mating, and throughout pregnancy at doses up to 0.36 mg/kg/day, which is approximately 7 times the recommended human subcutaneous starting dose of 10 [illegible] 0.008 mg/kg/day, based on mg/m². In rabbits, doses of 0.072 mg/kg/day, which is approximately 2 times the recommended human subcutaneous starting dose of 10 [illegible] 0.008 mg/kg/day, based on mg/m², were administered during organogenesis. The effects of insulin glargine did not generally differ from those observed with regular human insulin in rats or rabbits. However, in rabbits, five fetuses from two litters of the high-dose group exhibited dilation of the cerebral ventricles. Fertility and early embryonic development appeared normal.

There are no well-controlled clinical studies of the use of insulin glargine in pregnant women. It is essential for patients with diabetes or a history of gestational diabetes to maintain good metabolic control before conception and throughout pregnancy. Insulin requirements may decrease during the first trimester, generally increase during the second and third trimesters, and rapidly decline after delivery. Careful monitoring of glucose control is essential in such patients. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Nursing Mothers:

It is unknown whether insulin glargine is excreted in significant amounts in human milk. Many drugs, including human insulin, are excreted in human milk. For this reason, caution should be exercised when LANTUS is administered to a nursing woman. Lactating women may require adjustments in insulin dose and diet.

Pediatric Use:

Safety and effectiveness of LANTUS have been established in the age group 6 to 15 years with type 1 diabetes.

Geriatric Use:

In controlled clinical studies comparing insulin glargine to NPH human insulin, 593 of 3890 patients with type 1 and type 2 diabetes were 65 years and older. The only difference in safety or effectiveness in this subpopulation compared to the entire study population was an expected higher incidence of cardiovascular events in both insulin glargine and NPH human insulin-treated patients.

In elderly patients with diabetes, the initial dosing, dose increments, and maintenance dosage should be conservative to avoid hypoglycemic reactions. Hypoglycemia may be difficult to recognize in the elderly (see PRECAUTIONS, Hypoglycemia).

ADVERSE REACTIONS

The adverse events commonly associated with LANTUS include the following:

Body as a whole: allergic reactions, see PRECAUTIONS.

Skin and appendages: injection site reaction, lipodystrophy, pruritus, rash (see PRECAUTIONS).

Other: hypoglycemia, see WARNINGS and PRECAUTIONS.

In clinical studies in adult patients, there was a higher incidence of treatment-emergent injection site pain in LANTUS-treated patients (2.7% compared to NPH insulin-treated patients, 0.7%). The reports of pain at the injection site were usually mild and did not result in discontinuation of therapy. Other treatment-emergent injection site reactions occurred at similar incidences with both insulin glargine and NPH human insulin.

Retinopathy was evaluated in the clinical studies by means of retinal adverse events reported and fundus photography. The number of retinal adverse events reported for LANTUS and NPH treatment groups were similar for patients with type 1 and type 2 diabetes. Progression of retinopathy was investigated by fundus photography using a grading protocol derived from the Early Treatment Diabetic Retinopathy Study (ETDRS). In one clinical study involving patients with type 2 diabetes, a difference in the number of subjects with ≥3-step progression in ETDRS scale over a 6-month period was noted by fundus photography (7.3% in LANTUS group versus 2.7% in NPH treated group). The overall relevance of this related finding cannot be determined due to the small number of patients involved, the short follow-up period, and the fact that the finding was not observed in other clinical studies.

OVERDOSAGE

An excess of insulin relative to food intake, energy expenditure, or both may lead to severe and sometimes long-term and life-threatening hypoglycemia. Mild episodes of hypoglycemia can usually be treated with oral carbohydrates. Adjustments in dose, dose-[illegible] patterns, or exercise may be needed.

More severe episodes with coma, seizure, or neurologic impairment may be treated with intramuscular/subcutaneous glucagon or concentrated intravenous glucose. After apparent clinical recovery from hypoglycemia, continued observation and additional carbohydrate intake may be necessary to avoid reoccurrence of hypoglycemia.

DOSAGE AND ADMINISTRATION

LANTUS is a recombinant human insulin analog. Its potency is approximately the same as human insulin. It exhibits a relatively constant glucose-lowering profile over 24 hours that permits once-daily dosing.

LANTUS may be administered at any time during the day. LANTUS should be administered subcutaneously once a day at the same time every day. For patients adjusting timing of dosing with LANTUS, see **WARNINGS** and **PRECAUTIONS, Hypoglycemia**. LANTUS is not intended for intravenous administration (see PRECAUTIONS). Intravenous administration of the usual subcutaneous dose could result in severe hypoglycemia. The desired blood glucose levels as well as the doses and timing of antidiabetes medications must be determined individually. Blood glucose monitoring is recommended for all patients with diabetes. The prolonged duration of activity of LANTUS is dependent on injection into subcutaneous space. As with all insulins, injection sites within an injection area (abdomen, thigh, or deltoid) must be rotated from one injection to the next.

In clinical studies, there was no relevant difference in insulin glargine absorption after abdominal, deltoid, or thigh subcutaneous administration. As for all insulins, the rate of absorption, and consequently the onset and duration of action, may be affected by exercise and other variables.

LANTUS is not the insulin of choice for the treatment of diabetes ketoacidosis. Intravenous short-acting insulin is the preferred treatment.

Pediatric Use:

LANTUS can be safely administered to pediatric patients ≥6 years of age. Administration to pediatric patients <6 years of age has not been studied. Based on the results of a study in pediatric patients, the dose recommendation for changeover to LANTUS is the same as described for adults in DOSAGE AND ADMINISTRATION, Changeover to LANTUS.

Initiation of LANTUS Therapy:

In a clinical study with insulin-naive patients with type 2 diabetes already treated with oral antidiabetes drugs, LANTUS was started at an average dose of 10 IU once daily and subsequently adjusted according to the patient's need to a total daily dose ranging from 2 to 100 IU.

Changeover to LANTUS:

When changing from a treatment regimen with an intermediate- or long-acting insulin to a regimen with LANTUS, the amount and timing of short-acting insulin or fast-acting insulin analog or the dose of any oral antidiabetes drug may need to be adjusted. In clinical studies, when patients were transferred from once-daily NPH human insulin or ultralente human insulin to once-daily LANTUS, the initial dose was usually not changed. However, when patients were transferred from twice daily NPH human insulin to LANTUS once daily, to reduce the risk of hypoglycemia, the initial dose (IU) was usually reduced by approximately 20% compared to total daily IU of NPH human insulin) and then adjusted based on patient response, see PRECAUTIONS, Hypoglycemia.

A program of close metabolic monitoring under medical supervision is recommended during transfer and in the initial weeks thereafter. The amount and timing of short-acting insulin or fast-acting insulin analog may need to be adjusted. This is particularly true for patients with acquired antibodies to human insulin needing high-insulin doses and occupants with all insulin analogs. Dose adjustment of LANTUS and other insulins or oral antidiabetes drugs may be required; for example, if the patient's timing of dosing, weight or lifestyle changes, or other circumstances arise that increase susceptibility to hypoglycemia or hyperglycemia (see PRECAUTIONS, Hypoglycemia).

The dose may also have to be adjusted during intercurrent illness (see PRECAUTIONS, Intercurrent Conditions).

Brief Summary of Prescribing Information as on April 2006

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When It Comes to Cholesterol

DNA Isn't Destiny

By Sharlene M. Day, M.D.

As a heart specialist and a laboratory scientist I see both sides of heart disease. In the lab, we focus on the roots of disease, in the genes and molecules that are inside every cell of our bodies. In the clinic, we deal with the damage caused by disease and help patients understand how eating better, exercising more and taking medication can help them.

When it comes to cholesterol, it turns out both sides of the story are important.

Your cholesterol levels depend a lot on what you eat, and how often you're active. But your genes, the DNA you inherited from your mother and your father, can also make a big difference.

Scientists have discovered several genes that have a strong influence on cholesterol levels, either positive or negative. Some of these genes are so powerful that they can cause children to develop high cholesterol. And many more genes interact with what a person eats to alter cholesterol levels.

It seems unfair, doesn't it? That you could eat healthily, exercise regularly, watch your weight, and because of your genes, still have cholesterol high enough to clog your arteries and caus a heart attack? Or that you could be overweight, inactive, and still enjoy low levels of cholesterol because you inherited a particular gene?

Those are the two extremes—most people fall somewhere in between. If some of your blood relatives have suffered heart attacks at young ages,

VYTORIN treats the 2 sources of cholesterol.





nd VYTORIN was proven in clinical studies to lower bad cholesterol more than Crestor alone, more than Lipitor alone.

lk to your doctor about treating the 2 sources of holesterol, food and family, with VYTORIN. Only YTORIN treats the 2 sources by helping to block cholesterol at comes from food and reducing the cholesterol your body akes naturally, based on family history. That's because ly VYTORIN contains two cholesterol medicines, *Zetia* zetimibe) and *Zocor* (simvastatin), in a single tablet. And YTORIN was proven in clinical studies to lower bad DL) cholesterol more than *Zocor* alone, more than *Lipitor* one, and more than *Crestor* alone.

s important to eat a healthy diet and to stay active. But your cholesterol is still not where it should be, ask about eating the 2 sources of cholesterol. Ask your doctor if dding VYTORIN would be right for you.

Important Information: VYTORIN is a prescription tablet and isn't right for everyone, including women who are nursing or pregnant or who may become pregnant, and anyone with liver problems.

Unexplained muscle pain or weakness could be a sign of a rare but serious side effect and should be reported to your doctor right away. VYTORIN may interact with other medicines or certain foods, increasing your risk of getting this serious side effect. So tell your doctor about any other medications you are taking.

Please read the Patient Product Information on the adjacent page.

To learn more, call 1-877-VYTORIN or visit vytorin.com

/Schering-Plough Patient Assistance Program

MERCK / Schering-Plough Pharmaceuticals

nd out if you qualify. Call 1-800 347 7503

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VYTORIN®
(ezetimibe/simvastatin)

Treat the 2 sources of cholesterol.

VYTORIN® (ezetimibe/simvastatin) Tablets

Patient Information about VYTORIN (VI-tor-in)
Generic name: ezetimibe/simvastatin tablets

Read this information carefully before you start taking VYTORIN. Review this information each time you refill your prescription for VYTORIN as there may be new information. This information does not take the place of talking with your doctor about your medical condition or your treatment. If you have any questions about VYTORIN, ask your doctor. Only your doctor can determine if VYTORIN is right for you.

What is VYTORIN?

VYTORIN is a medicine used to lower levels of total cholesterol, LDL (bad) cholesterol, and fatty substances called triglycerides in the blood. In addition, VYTORIN raises levels of HDL (good) cholesterol. It is used for patients who cannot control their cholesterol levels by diet alone. You should stay on a cholesterol-lowering diet while taking this medicine.

VYTORIN works to reduce your cholesterol in two ways. It reduces the cholesterol absorbed in your digestive tract, as well as the cholesterol your body makes by itself. VYTORIN does not help you lose weight.

Who should not take VYTORIN?

Do not take VYTORIN:

- If you are allergic to ezetimibe or simvastatin, the active ingredients in VYTORIN, or to the inactive ingredients. For a list of inactive ingredients, see the "Inactive ingredients" section at the end of this information sheet.
- If you have active liver disease or repeated blood tests indicating possible liver problems.
- If you are pregnant, or think you may be pregnant, or planning to become pregnant or breast-feeding.

VYTORIN is not recommended for use in children under 10 years of age.

What should I tell my doctor before and while taking VYTORIN?

Tell your doctor right away if you experience unexplained muscle pain, tenderness, or weakness. This is because on rare occasions, muscle problems can be serious, including muscle breakdown resulting in kidney damage.

The risk of muscle breakdown is greater at higher doses of VYTORIN.

The risk of muscle breakdown is greater in patients with kidney problems.

Taking VYTORIN with certain substances can increase the risk of muscle problems. It is particularly important to tell your doctor if you are taking any of the following:

- cyclosporine
- danazol
- antifungal agents (such as itraconazole or ketoconazole)
- fibric acid derivatives (such as gemfibrozil, bezafibrate, or fenofibrate)
- the antibiotics erythromycin, clarithromycin, and telithromycin
- HIV protease inhibitors (such as indinavir, nelfinavir, ritonavir, and saquinavir)
- the antidepressant nefazodone
- amiodarone (a drug used to treat an irregular heartbeat)
- verapamil (a drug used to treat high blood pressure, chest pain associated with heart disease, or other heart conditions)
- large doses (≥1 g/day) of niacin or nicotinic acid
- large quantities of grapefruit juice (>1 quart daily)

It is also important to tell your doctor if you are taking coumarin anticoagulants (drugs that prevent blood clots, such as warfarin).

Tell your doctor about any prescription and nonprescription medicines you are taking or plan to take, including natural or herbal remedies.

Tell your doctor about all your medical conditions including allergies.

Tell your doctor if you:

- drink substantial quantities of alcohol or ever had liver problems. VYTORIN may not be right for you.
- are pregnant or plan to become pregnant. Do not use VYTORIN if you are pregnant, trying to become pregnant or suspect that you are pregnant. If you become pregnant while taking VYTORIN, stop taking it and contact your doctor immediately.
- are breast-feeding. Do not use VYTORIN if you are breast-feeding.

Tell other doctors prescribing a new medication that you are taking VYTORIN.

How should I take VYTORIN?

- Take VYTORIN once a day, in the evening, with or without food.
- Try to take VYTORIN as prescribed. If you miss a dose, do not take an extra dose. Just resume your usual schedule.
- Continue to follow a cholesterol-lowering diet while taking VYTORIN. Ask your doctor if you need diet information.
- Keep taking VYTORIN unless your doctor tells you to stop. If you stop taking VYTORIN, your cholesterol may rise again.

What should I do in case of an overdose?

Contact your doctor immediately.

What are the possible side effects of VYTORIN?

See your doctor regularly to check your cholesterol level and to check for side effects. Your doctor may do blood tests to check your liver before you start taking VYTORIN and during treatment.

In clinical studies patients reported the following common side effects while taking VYTORIN: headache and muscle pain (see What should I tell my doctor before and while taking VYTORIN?).

The following side effects have been reported in general use with either ezetimibe or simvastatin tablets (tablets that contain the active ingredients of VYTORIN):

- allergic reactions including swelling of the face, lips, tongue, and/or throat that may cause difficulty in breathing or swallowing (which may require treatment right away), rash, hives; joint pain; muscle pain; alterations in some laboratory blood tests; liver problems; inflammation of the pancreas; nausea; gallstones; inflammation of the gallbladder.

Tell your doctor if you are having these or any other medical problems while on VYTORIN. This is not a complete list of side effects. For a complete list, ask your doctor or pharmacist.

General Information about VYTORIN

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use VYTORIN for a condition for which it was not prescribed. Do not give VYTORIN to other people, even if they have the same condition you have. It may harm them.

This summarizes the most important information about VYTORIN. If you would like more information, talk with your doctor. You can ask your pharmacist or doctor for information about VYTORIN that is written for health professionals. For additional information, visit the following web site: vytorin.com.

Inactive ingredients:
Butylated hydroxyanisole NF, citric acid monohydrate USP, croscarmellose sodium NF, hydroxypropyl methylcellulose USP, lactose monohydrate NF, magnesium stearate NF, microcrystalline cellulose NF, and propyl gallate NF.

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sterol is high, take every step you
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means better eating habits, exercise,
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r recommends it. In rare cases,
all else fails, doctors can even
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ouch. Over time, your habits will
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ontrol a lot of other things.



t, Drink and Be Heart-Healthy

bunking Cholesterol Myths

By Kathy Rhodes, Ph.D., R.D.

u've got high cholesterol and
doctor wants you to work on
g it down. Or your levels are
derline" and you don't want
to go any higher. Or maybe high
sterol runs in your family and
vant to reduce your risk.

natter what your situation, you
bly think that watching your
sterol means you can only eat
wheat toast and celery, washed
with some water. Fortunately,
not the case!

e are a lot of myths out there
what exactly a heart-healthy diet
d how food influences cholesterol
. Different claims from advertising
ges and TV news reports only add
e confusion.

are some of the most common
ken beliefs about cholesterol.

MYTH: My cholesterol is high, so I have to go on a low-cholesterol diet.

TRUTH: Not exactly. It is the saturated fat in fatty cuts of meat, high fat processed meats (bacon, sausage, salami, bratwurst), whole and 2 percent milk and full fat dairy products (butter, cream, cheese, ice cream) and tropical oils (palm kernel and coconut) that raise blood cholesterol even more than the cholesterol in foods. Another type of fat that raises cholesterol is man-made trans fats. These are found in many fried restaurant foods and commercially baked goods.

The first step in lowering your blood cholesterol is to choose foods lower in saturated and trans fat. Here are some steps you can take: trim the visible fat off meats before you cook them, choose only low-fat dairy products such as 1 percent milk, use trans-fat-free margarine instead of butter, and steam, grill or broil foods instead of frying. Also, avoid packaged foods whose ingredient lists include hydrogenated or partially-hydrogenated vegetable oils, palm oil, coconut oil, lard or saturated fat.

In addition to limiting the saturated fat you eat, there is more that you can do to improve the health of your heart and blood vessels. Including rich sources of soluble fiber (oats, beans, fruits and vegetables) further lowers bad cholesterol. A diet low in saturated fat and abundant in fruits, vegetables, whole grains, lean meats, fish and healthy fats reduces inflammation associated with heart disease.

MYTH: I need to cut ALL the fat out of my diet to bring my cholesterol down.

TRUTH: It's true that cutting back on the amount of fat you eat can affect

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your cholesterol levels. However, not all fats are created equal. It is important to limit saturated and trans fat. Eating too little total fat may increase triglycerides and lower healthy HDL (good cholesterol) in some individuals. Studies are showing many health benefits from including healthy fats in our diets. The "good fats" include olive oil, canola oil, peanut oil, fats from coldwater fish, nuts, seeds, and avocados. By switching to healthy oils for cooking and salad dressings, and sprinkling a few nuts on your salad or breakfast cereal, you can do a lot for your cholesterol levels and overall heart health.

Of course, too much of a good thing is still too much—all fats have a lot of calories per ounce, which means you'll pack on the pounds if you overdo it.

You don't have to cut out all the fat. Just choose the right fats and use them to accent, not smother, your food.

MYTH: I can't eat red meat, shrimp, eggs or cheese if I'm watching my cholesterol.

TRUTH: Not the case—the key is to choose wisely, and to eat them in smaller portions.

Meat

A lean steak such as sirloin or tenderloin can be flavorful, especially with a nice marinade. You can have it once or twice a week in small servings, about the size of a deck of cards.

Pork loin is even lower in saturated fat than beef, ounce for ounce. Pork tenderloin on the grill with lots of roasted vegetables makes a great simple meal.

If you crave a hamburger, hot dog or sausage, choose ground sirloin or ground round instead of ground chuck or prime hamburger meat. Look for hot dogs and sausages that are 97 percent fat free or try a soy alternative.

MEET THE M FIT CULINARY SPECIALISTS AND NUTRITION EXPERTS



Kathy Goldberg, M.S., R.D.
Registered Dietitian; Culinary Arts Specialist, M Fit Culinary Team

Elizabeth Burt, R.N.
Culinary Arts Specialist, M Fit Culinary Team

M Fit, the Health Promotion Division of UMHS, provides medically based personalized health and wellness programs that empower, educate and motivate individuals to make healthy lifestyle choices.

Power Breakfast Blend



Serves: 1

Ingredients

⅓ cup oats, rolled (raw) preferably old-fashioned
2 tablespoons dried cherries
⅓ cup soy milk, or milk of choice such as skim, almond or rice
1 tablespoon flax seeds, ground
¼ teaspoon ground cinnamon
⅓ cup non-fat yogurt (plain or vanilla)
2 teaspoons chopped walnuts, lightly toasted
½ cup fresh berries in season, optional
Light drizzle of honey, maple syrup or agave syrup as desired

Method

Combine the oats and cherries in a deep dish 1½–2 cup cereal bowl. Pour in soy milk. Sprinkle with flax seeds and cinnamon. Stir the yogurt to make it pourable and pour on top. Add walnuts. Cover and refrigerate overnight. Add berries of choice before serving. Drizzle with syrup if desired.

Per Serving: 345 calories, 10g Fat (25.5% calories from fat); 15g Protein; 52g Carbohydrate; 12g Dietary Fiber; 1mg Cholesterol; 75mg Sodium.

Exchanges: 1½ Grain (Starch); ½ Lean Meat; 1½ Fruit; ½ Non-Fat Milk; 1½ Fat; 0 Other Carbohydrates

Cholesterol:
Behold the face of your enemy.

Here's how he does it.

Quaker Oatmeal isn't just a cholesterol-free food. Three grams of soluble fiber daily from oatmeal may actually help reduce heart disease risk as part of a heart healthy diet.* That's because oatmeal is a nutritious whole grain food that goes in and helps soak up cholesterol, actually removing some of it from your body. And it does it in a very tasty way.

It's hardworking.

Quaker Oatmeal contains soluble fiber that binds with cholesterol, a substance that can clog arteries and lead to heart disease. Your bloodstream can't absorb all the cholesterol and so some of it is removed from your body. Your overall number could drop.



Try it for yourself.

For more information on the Quaker Smart Heart Challenge, call 1-800-770-4091 or visit www.quakeroatmeal.com





*Diet low in saturated fat and cholesterol. Per serving, Quaker Old Fashioned provides 2g of soluble fiber; Quaker Instant and Quaker Oatmeal to Go bars each provide 1g.

every day
should be this good

HELPS REMOVE CHOLESTEROL EVERY DAY

IT'S A TINY DRINK WITH A BIG WORK ETHIC

Promise activ
LOVE YOUR HEART™

New Promise activ™ SuperShots™ are tasty 3 ounce fruit and yogurt flavored drinks that contain natural plant sterols, ingredients that are clinically proven to help remove cholesterol from your body. With Promise activ™ SuperShots™, you could see reduced cholesterol levels when enjoyed daily with meals as part of a diet low in saturated fat and cholesterol. So stop by the dairy aisle and try all three flavors: Strawberry, Raspberry and Peach. See what an impact a little drink can have.

For more information on natural plant sterols, go to WebMD®



...g plant sterols should be eaten twice a day with meals. At least 0.4 g plant sterols per serving for a total daily intake of at least 0.8 g, ...t low in saturated fat and cholesterol, may reduce the risk of heart disease. A serving of this product contains 2 g plant sterols.

ry

ken and turkey, without the skin
arse, are always good choices.
watch out: Some ground poultry
ucts include the skin, which raises
t content. Look at the nutritional
to identify the leaner choices.

ood

s a winner for people watching
heart health—in fact, many studies
shown that eating it twice a week
es the risk of dying from heart
se. Just be careful not to add too
fat as you cook it. A bonus:
vater fish like salmon and tuna
the highest levels of the omega-3
acids that can help prevent sudden
-related death.

t about shrimp, lobster and other
fish? The old myth is that they're
mits for people watching their
esterol. The reality is that they're
low in fat. Eaten in moderation,
are good choices. Try a shrimp
tail or shrimp stir-fry. Just don't
hem in butter or deep-fry them—
eze a bit of lemon juice on them
ad!

n it comes to eggs, two to four
ek is fine for most people. If you
more, substitute two egg whites
t-free egg substitute for whole
or make an omelet with two egg
es and one whole egg along with
ns, spinach, peppers and herbs. Many
urants offer egg substitutes—don't
raid to ask!

y

ese is high in saturated fat, but
can find reduced-fat and low-fat
ons of many cheeses. Soy cheese
lso be an option. If you absolutely
have a high-fat cheese such as
nesan, grate it fine and sprinkle a
on top of your food.

Steamed Broccoli with Lemon



Serves: 3–4

Ingredients

1 pound broccoli, trimmed and cut into spears
1 Tablespoon margarine, soft trans-fat-free, melted slightly
Lemon zest of 1 lemon, about 2 teaspoons

Method

Steam broccoli for 5 minutes, or until crisp-tender. Arrange [illegible] platter. Drizzle with margarine. Sprinkle with lemon zest and serve. Great accompaniment with grilled chicken or fish. This recipe is excellent for any steamed green vegetable, such as asparagus or green beans.

Per Serving: 45 calories, 3g Fat (54.8% calories from fat) [illegible] 2g Dietary Fiber, 0mg Cholesterol, 57mg Sodium

Exchanges: 1½ Vegetable [illegible] Fat

MYTH: If I'm taking medicine to lower my cholesterol, I don't need to watch my diet.

TRUTH: Far from it! Medicine doesn't "cancel out" the need to make healthy food choices. In fact, a low-fat diet adds to the effectiveness of your medication.

Many patients taking cholesterol medicine don't meet their cholesterol goals. After talking with a dietitian, they realize that this is because they're eating things that are working against their medicine.

A healthy diet also helps your heart and blood vessels in ways other than lowering your cholesterol. The bottom line is, you'll get the best benefits from your medicine if it goes hand-in-hand with a healthy diet.

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MYTH: Eating healthy is really expensive. I can't afford it.

TRUTH: No matter what your budget, if you're watching your cholesterol you can't afford not to eat healthy!

Here are some examples:

Beans

Whether you buy them dry, canned or frozen, beans of all kinds are wonderful source of proteins and cholesterol-lowering soluble fiber that come with little or no fat.

Oatmeal

Eat it for breakfast, use it in baking, even mix it with your ground turkey, an egg and some spices for a meatloaf. Oats have lots of great cholesterol-lowering fiber at a very low cost.

Eggs

These are inexpensive and can be a great part of your diet.

Fruits and vegetables

Buy fresh produce when it's in season. Buy frozen any time—they have just as much nutritional value as fresh ones, and they're often a fraction of the cost. You can also stock up when they're on sale.

Meat, fish and shellfish

When the low-fat cuts go on sale, stock up and freeze them! Canned tuna (in water, not oil) and salmon are great inexpensive choices too.

Chocolate

Yes, you can have chocolate—just choose dark varieties with more than 70 percent cacao and eat a very small amount.

Bottom line

You can enjoy what you eat even if you're watching your cholesterol. It may take a little more effort, but in the end your heart will thank you.

Ruby Beet Salad



Serves: 3–4

Ingredients

2 pounds beets
1 cup diced red onion, soaked and drained*
½ cup diced celery
3 tablespoons raspberry vinegar
1 tablespoon honey
½ teaspoon sea salt or kosher salt
½ teaspoon freshly ground black pepper
3 tablespoons extra-virgin olive oil

**Soak diced onions in iced water for approximately 20 minutes, then drain. Treating onions this way reduces the harsh onion flavor and makes them really crisp.*

Method

Preheat oven to 400° F.

Scrub beets and remove stem and root end. Place beets on a large piece of heavy-duty aluminum foil. Fold foil over beets to create a sealed pouch. Place on to a baking sheet and roast in preheated oven for 1 hour or until beets are tender when pierced with a knife. Allow to cool in the pouch (this can be done a day or two ahead). Remove beets from foil and rub off their skins. Dice beets and combine with onion and celery in a large bowl.

In a separate smaller bowl, combine vinegar, honey, salt, pepper and olive oil. Whisk well and pour over beet mixture. Toss well to coat. Serve at room temperature or chilled.

Per Serving: 95 calories; 5g Fat (46.8% calories from fat); 2g Protein; 12g Carbohydrate; 3g Dietary Fiber; 0mg Cholesterol; 184mg Sodium.

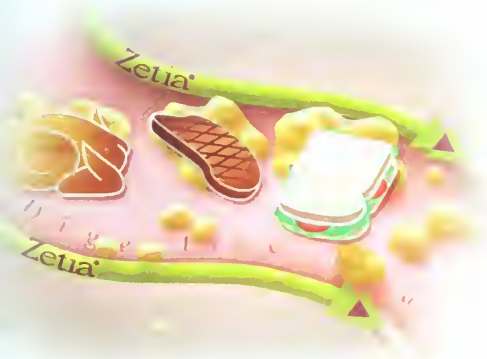
Exchanges: 0 Grain (Starch), 2 Vegetable; 1 Fat; 0 Other Carbohydrates.

IET THE STORY ON A DIFFERENT
/AY TO LOWER CHOLESTEROL.

most common cholesterol-lowering
licines, statins, are a good option.
'IA is different.



tins work mainly with the liver.
TIA works in the digestive tract, as do
ne other cholesterol-lowering medicines.



ZETIA is unique in the way it helps
ck the absorption of cholesterol that
nes from food. Unlike some statins,
TIA has **not** been shown to prevent
rt disease or heart attacks.

A healthy diet and exercise are important, but sometimes they're not enough to get your cholesterol where it needs to be.
Ask your doctor if ZETIA is right for you.

Important information: ZETIA is a prescription medicine and should not be taken by people who are allergic to any of its ingredients. If you have ever had liver problems, are nursing or pregnant or may become pregnant, a doctor will decide if ZETIA alone is right for you.

Unexplained muscle pain or weakness could be a sign of a rare but serious side effect and should be reported to your doctor right away. Common side effects included stomach pain and feeling tired.

Please read the Patient Product Information on the adjacent page.

Zetia®
(ezetimibe) Tablets
A different way to help fight cholesterol

To find out if you qualify, call 1-800-347-7503.

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ZETIA is a registered trademark of MSP Singapore Company, LLC.

For more information, call 1-800-98-ZETIA or visit zetia.com.

ZETIA® (ezetimibe) Tablets

Patient Information about ZETIA (zĕt´-ē-ă)
Generic name: ezetimibe (ĕ-zĕt´-ĕ-mīb)

Read this information carefully before you start taking ZETIA and each time you get more ZETIA. There may be new information. This information does not take the place of talking with your doctor about your medical condition or your treatment. If you have any questions about ZETIA, ask your doctor. Only your doctor can determine if ZETIA is right for you.

What is ZETIA?

ZETIA is a medicine used to lower levels of total cholesterol and LDL (bad) cholesterol in the blood. It is used for patients who cannot control their cholesterol levels by diet alone. It can be used by itself or with other medicines to treat high cholesterol. You should stay on a cholesterol-lowering diet while taking this medicine.

ZETIA works to reduce the amount of cholesterol your body absorbs. ZETIA does not help you lose weight.

For more information about cholesterol, see the "What should I know about high cholesterol?" section that follows.

Who should not take ZETIA?

- Do not take ZETIA if you are allergic to ezetimibe, the active ingredient in ZETIA, or to the inactive ingredients. For a list of inactive ingredients, see the "Inactive ingredients" section that follows.
- If you have active liver disease, do not take ZETIA while taking cholesterol-lowering medicines called statins.
- If you are pregnant or breast-feeding, do not take ZETIA while taking a statin.

What should I tell my doctor before and while taking ZETIA?

Tell your doctor about any prescription and non-prescription medicines you are taking or plan to take, including natural or herbal remedies.

Tell your doctor about all your medical conditions including allergies.

Tell your doctor if you:

- ever had liver problems. ZETIA may not be right for you.
- are pregnant or plan to become pregnant. Your doctor will decide if ZETIA is right for you.
- are breast-feeding. We do not know if ZETIA can pass to your baby through your milk. Your doctor will decide if ZETIA is right for you.
- experience unexplained muscle pain, tenderness, or weakness.

How should I take ZETIA?

- Take ZETIA once a day, with or without food. It may be easier to remember to take your dose if you do it at the same time every day, such as with breakfast, dinner, or at bedtime. If you also take another medicine to reduce your cholesterol, ask your doctor if you can take them at the same time.
- If you forget to take ZETIA, take it as soon as you remember. However, do not take more than one dose of ZETIA a day.
- Continue to follow a cholesterol-lowering diet while taking ZETIA. Ask your doctor if you need diet information.
- Keep taking ZETIA unless your doctor tells you to stop. It is important that you keep taking ZETIA even if you do not feel sick.

See your doctor regularly to check your cholesterol level and to check for side effects. Your doctor may do blood tests to check your liver before you start taking ZETIA with a statin and during treatment.

What are the possible side effects of ZETIA?

In clinical studies patients reported few side effects while taking ZETIA. These included stomach pain and feeling tired.

Very rarely, patients have experienced severe muscle problems while taking ZETIA, usually when ZETIA was added to a statin drug. If you experience unexplained muscle pain, tenderness, or weakness while taking ZETIA, contact your doctor immediately. You need to do this promptly, because on rare occasions, these muscle problems can be serious, with muscle breakdown resulting in kidney damage.

Additionally, the following side effects have been reported in general use: allergic reactions (which may require treatment right away) including swelling of the face, lips, tongue, and/or throat that may cause difficulty in breathing or swallowing, rash, and hives; joint pain; muscle aches; alterations in some laboratory blood tests; liver problems; inflammation of the pancreas; nausea; gallstones; inflammation of the gallbladder.

Tell your doctor if you are having these or any other medical problems while on ZETIA. For a complete list of side effects, ask your doctor or pharmacist.

What should I know about high cholesterol?

Cholesterol is a type of fat found in your blood. Your total cholesterol is made up of LDL and HDL cholesterol.

LDL cholesterol is called "bad" cholesterol because it can build up in the wall of your arteries and form plaque. Over time, plaque build-up can cause a narrowing of the arteries. This narrowing can slow or block blood flow to your heart, brain, and other organs. High LDL cholesterol is a major cause of heart disease and stroke.

HDL cholesterol is called "good" cholesterol because it keeps the bad cholesterol from building up in the arteries.

Triglycerides also are fats found in your blood.

General Information about ZETIA

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use ZETIA for a condition for which it was not prescribed. Do not give ZETIA to other people, even if they have the same condition you have. It may harm them.

This summarizes the most important information about ZETIA. If you would like more information, talk with your doctor. You can ask your pharmacist or doctor for information about ZETIA that is written for health professionals.

Inactive ingredients:

Croscarmellose sodium, lactose monohydrate, magnesium stearate, microcrystalline cellulose, povidone, and sodium lauryl sulfate.

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:ven Ways to Keep the Pounds Off When You Quit Smoking

By Cindy Pomerleau, Ph.D.

ou've made the big decision ve up cigarettes. You know quitters often gain weight, and ally you want to keep it to a mum. Here are some steps you ake that will help manage your ht and resist the urge to smoke.









t the day with breakfast, a cigarette

many smokers, the first cigarette e day is the hardest one to give A satisfying breakfast can help ct the urge to smoke. Skipping kfast may intuitively feel like an way to avoid the most boring ies of the day, but it's not a sound ght-management strategy. Eating gular intervals helps prevent the tite surge that many women erience later in the day. So reach a bowl of cereal upon awakening ead of a cigarette.

start the day with exercise

only does grabbing your running valking shoes provide an excellent rnative to grabbing a cigarette, rcise can also substitute for a rette in "getting things moving." y strenuous exercise, though, can xfire and lead to compensatory ng, a situation aggravated by the cts of stopping smoking. So experi- t until you find an intensity and tion of activity that reduces, rather increases, your appetite.

velop alternative end-of- al rituals

n in this "smoke-free" era, many nen still miss their after-dinner ke and are tempted to substitute lorie-laden dessert. Refined sugar lead to an insulin overshoot that ulates a desire for more sugar. Find ther way to tell your body the meal is over. Try a cup of herbal tea, or adopt the French practice of eating your salad after the main course, followed by fruit. If you're a confirmed dessert eater, seek out low-calorie treats like a meringue or popsicle, or desserts made with a sugar substitute.

Break the coffee-cigarette link

To disrupt this association, consider changing when and where you drink coffee. If you take your coffee break with other smokers, take a temporary "coffee break" from the group and find some non-smoking friends. When you stop smoking, caffeine is metabolized more slowly, so cutting back may actually be easier than you expect.

Break the alcohol-cigarette link

Remember that alcohol breaks down inhibitions of all kinds, including your resolve to avoid smoking and reduce food intake. It's also a source of empty calories, so consider cutting back or swearing off altogether for a while.

Don't use food as a substitute source of oral gratification

You're trying to cut calories at a time when you're experiencing increased appetite — a perfect example of how life's not always fair!

Develop a list of low-calorie nibbles such as carrot sticks or fresh fruit. Chewing gum can help, too.

Try a mini-workout when you feel the urge to smoke

Some quick stretches or a few minutes with hand weights or an exercise band may be all you need to combat craving for a cigarette and withdrawal symptoms like anxiety and difficulty concentrating.

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Stop High Blood Pressure Before It Starts

By Lisa Jackson, M.D., MPH

Some things in life are no-brainers. You buckle your seatbelt in case of an accident, brush your teeth to prevent cavities, and wear sunscreen to avoid sunburn. But there's another preventive step you're probably forgetting—one that could make a big difference in your health for the rest of your life.

It's checking your blood pressure, and taking simple steps to keep it from getting too high. Just like cavities and sunburns, almost everyone is at risk for developing high blood pressure, also called hypertension. In fact, even if you don't have high blood pressure by the time you turn 55, you still have a 90 percent chance of developing it later in life.

> After menopause, a woman's risk of developing hypertension increases.

You can, however, decrease your risk of high blood pressure. And as a result, you can drastically cut your risk of a stroke, heart attack, kidney damage, memory loss and other problems.

Fortunately, high blood pressure comes with a warning. It's called pre-hypertension, and it's easy to detect. All it takes is a blood pressure cuff like the one at your local drugstore, or your doctor's office. You can even buy one to use at home.

If your pressure reading has a top number that's between 120-139, or a bottom number that's between 80-89, you've got pre-hypertension.

If your top number is between 140-159, or your bottom number is between 90-94, you've got mild hypertension. And if you reach or exceed 160 top, or 95 bottom, it's considered full-fledged high blood pressure.



You might be saying, I've never heard of pre-hypertension. Until a few years ago, doctors really didn't talk about pre-hypertension much. They waited until patients' pressures got above 140/90 before they considered it an issue.

But that was then. Now research has shown us that pre-hypertension is a sign of things to come—and that it can be reversed. We've also learned that pre-hypertension is especially risky in people who are overweight, who have high cholesterol levels, or who have high blood sugar or diabetes.

Unless you have other major risk factors that your doctor is worried about, pre-hypertension isn't usually treated with medications. But for higher pressures, medications can help bring down those numbers—and they'll drop even faster if you follow a healthy lifestyle.

If you don't know your blood pressure numbers yet, schedule an appointment with your doctor or visit your local drugstore. Testing your blood pressure on a regular basis will allow you to better manage your health and take preventive measures to reduce your risk of hypertension and other associated health risks.

REDUCE YOUR RISK

If you test your blood pressure and it's on the high side, what can you do?

- **EAT BETTER** The foods you choose can make a big difference in your blood pressure. Eliminate fat and salt. Eat more fruits, vegetables and low-fat dairy foods.
- **LOSE WEIGHT** When it comes to weight loss, every little bit counts. For every two pounds you lose, your pressure will come down a point or so. Five or ten pounds can make the difference between pre-hypertension and normal blood pressure.
- **STOP SMOKING** Smoking is horrible for blood pressure. It makes the walls of your blood vessels stiff, which drives up your numbers.
- **EXERCISE** Just 30 minutes of vigorous walking on most days of the week should do the trick. Exercise also helps ease stress, which can also make blood pressure go up.



I'M TAKING MY PREHYPERTENSION SERIOUSLY. I'M TAKING AMEAL BP.*



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it www.amealbp.com for more information.

AmealPeptide

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Take prehypertension seriously. Help [illegible] ameal bp™ along with a diet and [illegible] your blood pressure in a healthy range.

Make ameal bp™ part of your daily routine.

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Helps maintain healthy blood pressure*

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Six Common Myths About Osteoporosis

By Liselle Douyon, M.D.



It isn't just the feathered hairstyle and disco shoes you left behind a few decades ago. Quite literally, you're not the same person you were 20, or even 10, years ago. Changes have occurred in your skin, body shape, hair and even your bone structure. Your bones are constantly working, breaking down old cells and replacing them with new ones. In fact, your body will replace its entire skeleton every 10 years. However, as you age, your bones begin to break down faster than your body can rebuild them—resulting in thinner and weaker bones and often, over time, in a condition called osteoporosis.

Chances are, if you've gone through menopause, you know about osteoporosis. The disease affects around 10 million Americans and is considered a serious health threat for 34 million more. Unfortunately, there are a lot of misunderstandings surrounding this disease.

Here are the MYTHS and the FACTS:

MYTH: Osteoporosis is a normal part of the aging process.

FACT: While it is completely normal to lose bone density as you age, that does not mean you can't have good bone strength. Osteoporosis is a disease and can be prevented with proper nourishment, exercise and vitamin supplementation.

MYTH: Only women get osteoporosis.

FACT: About 2 million men have been diagnosed with osteoporosis in the United States—that's a fifth of everyone diagnosed with the disease.

MYTH: Only older people need to worry about osteoporosis.

FACT: Building strong bones is something that starts much earlier in life—you're never too young to begin thinking about building strong bones. Your bones begin building density from infancy through young adulthood and reach their maximum density around age 35. If you do not achieve maximum bone density by this time, you could be at risk.

MYTH: Osteoporosis is strictly a hereditary disease.

FACT: Although women who have a family history of the disease have a greater chance of developing osteoporosis, there are several factors that can make you more likely to get it. Certain kidney diseases, vitamin D deficiency, some hormonal diseases such as thyroid disorders and Cushing's syndrome, treatment with steroids for certain medical conditions and certain types of cancer can be attributed to osteoporosis.

MYTH: Osteoporosis cannot be prevented.

FACT: Especially for those who start young, osteoporosis may be prevented. Make sure you have good nutrition, adequate calcium intake, exercise and sufficient vitamin D supplementation. Calcium intake is important. If possible, you should take calcium supplementation throughout your life, particularly as a woman.

Weight-bearing exercises are effective for building strong bones. Activities such as walking, jogging, lifting weights and dancing are ideal. However, those who already have osteoporosis should avoid these activities since they could result in a break or fracture. If you have osteoporosis and wish to continue such exercise, you should first consult your physician.

In addition, it is best to avoid smoking or heavy drinking as they can also increase your chances of developing osteoporosis.

Although these steps are most effective during childhood and adolescence, they can also help significantly later in life.

MYTH: Only osteoporosis medications can prevent future bone loss.

FACT: Medications alone do not help build bone. Although the FDA has approved certain medications to prevent and treat the disease, they have not been on the market for long and the long-term effects are still unknown.



In clinical studies after just one year on BONIVA, 9 out of 10 women had improved bone density.*

Important Safety Information: BONIVA is for the management of postmenopausal osteoporosis. You should not take prescription BONIVA if you have low blood calcium, cannot sit or stand for at least 60 minutes, have severe kidney disease, or are allergic to BONIVA. Stop taking BONIVA and tell your healthcare provider if you experience difficult or painful swallowing, chest pain, or severe or continuing heartburn, as these may be signs of serious upper digestive problems. Follow the once-monthly BONIVA 150 mg dosing instructions carefully to lower the chance of these events occurring. Side effects are generally mild or moderate and may include diarrhea, pain in the arms or legs, or upset stomach. If you develop severe bone, joint, and/or muscle pain, contact your healthcare provider. Your healthcare provider may also recommend a calcium and vitamin D supplement.

Here's an easy way to get started on BONIVA: Ask your doctor for your first-month free trial or call 1-888-244-8547. For more information about BONIVA, please visit **www.BONIVA.com**.

*As measured at lumbar spine, total hip, or trochanter; 3 out of 4 at the femoral neck.

Boniva

There's only one

Roche

gsk GlaxoSmithKline

Please read the Patient Information on the next page.

BON908R0

Patient Information

BONIVA® (bon-EE-va) (ibandronate sodium) TABLETS

Rx only

Read this patient information carefully before you start taking BONIVA. Read this patient information each time you get a refill for BONIVA. There may be new information. This information is not everything you need to know about BONIVA. It does not take the place of talking with your health care provider about your condition or your treatment. Talk about BONIVA with your health care provider before you start taking it and at your regular check-ups.

What is the most important information I should know about BONIVA?

BONIVA may cause serious problems in the stomach and the esophagus (the tube that connects your mouth and stomach) such as trouble swallowing, heartburn, and ulcers (see "**What are the possible side effects of BONIVA?**")

You must take BONIVA exactly as prescribed for BONIVA to work for you and to lower the chance of serious side effects (see "How should I take BONIVA?").

What is BONIVA?

BONIVA is a prescription medicine used to treat or prevent osteoporosis in women after menopause (see "**What is osteoporosis?**")

BONIVA may reverse bone loss by stopping more loss of bone and increasing bone mass in most women who take it, even though they won't be able to see or feel a difference. BONIVA may help lower the chances of breaking bones (fractures).

For BONIVA to treat or prevent osteoporosis, you have to take it as prescribed. BONIVA will not work if you stop taking it.

Who should not take BONIVA?

Do not take BONIVA if you:

- have low blood calcium (hypocalcemia)
- cannot sit or stand up for at least 1 hour (60 minutes)
- have kidneys that work very poorly
- are allergic to ibandronate sodium or any of the other ingredients of BONIVA (see the end of this Patient Information for a list of all the ingredients in BONIVA)

Tell your health care provider before using BONIVA:

- if you are pregnant or planning to become pregnant. It is not known if BONIVA can harm your unborn baby.
- if you are breast-feeding. It is not known if BONIVA passes into your milk and if it can harm your baby.
- if you have swallowing problems or other problems with your esophagus (the tube that connects your mouth and stomach).
- if you have kidney problems.
- if you are planning a dental procedure such as tooth extraction.

Tell your health care provider (including your dentist) about all the medicines you take including prescription and non-prescription medicines, vitamins, and supplements. Some medicines, especially certain vitamins, supplements, and antacids can stop BONIVA from getting to your bones. This can happen if you take other medicines too close to the time that you take BONIVA (see "**How should I take BONIVA?**")

How should I take BONIVA?

- Take BONIVA exactly as instructed by your health care provider.
- Take BONIVA first thing in the morning at least 1 hour (60 minutes) before you eat, drink anything other than plain water, or take any other oral medicine.
- Take BONIVA with 6 to 8 ounces (about 1 full cup) of plain water. Do not take it with any other drink besides plain water. Do not take it with other drinks, such as mineral water, sparkling water, coffee, tea, dairy drinks (such as milk), or juice.
- Swallow BONIVA whole. Do not chew or suck the tablet or keep it in your mouth to melt or dissolve.
- After taking BONIVA you must wait at least 1 hour (60 minutes) before:
  - Lying down. You may sit, stand up, or do normal activities like read the newspaper or take a walk.
  - Eating or drinking anything except for plain water.
  - Taking other oral medicines, including vitamins, calcium, or antacids. Take your vitamins, calcium, and antacids at a different time of the day from the time when you take BONIVA.
- If you take too much BONIVA, drink a full glass of milk and call your local poison control center or emergency room right away. Do not make yourself vomit. Do not lie down.
- Keep taking BONIVA for as long as your health care provider tells you. BONIVA will not work if you stop taking it.
- Your health care provider may tell you to exercise, take calcium and vitamin supplements to help prevent or treat osteoporosis.
- Your health care provider may do a test to measure the thickness (density) of your bones or do other tests to check your progress.

What is my BONIVA schedule?

Schedule for taking BONIVA 150 mg once monthly:

- Take one BONIVA 150-mg tablet once a month.
- Choose one date of the month (your BONIVA day) that you will remember and that best fits your schedule to take your BONIVA 150-mg tablet.
- Take one BONIVA 150-mg tablet in the morning of your chosen day (see "**How should I take BONIVA?**").

What to do if I miss a monthly dose:

- If your next scheduled BONIVA day is more than 7 days away, take one BONIVA 150-mg tablet in the morning following the day that you remember (see "**How should I take BONIVA?**"). Then return to taking one BONIVA 150-mg tablet every month in the morning of your chosen day, according to your original schedule.
- **Do not** take two 150-mg tablets within the same week. If your next scheduled BONIVA day is only 1 to 7 days away, **wait** until your next scheduled BONIVA day to take your tablet. Then return to taking one BONIVA 150-mg tablet every month in the morning of your chosen day, according to your original schedule.
- **If you are not sure what to do if you miss a dose, contact your health care provider who will be able to advise you.**

Schedule for taking BONIVA 2.5 mg once daily:

- Take one BONIVA 2.5-mg tablet once a day first thing in the morning at least 1 hour (60 minutes) before you eat, drink anything other than plain water, or take any other oral medicine (see "**How should I take BONIVA?**")

What to do if I miss a daily dose:

- If you forget to take your BONIVA 2.5-mg tablet in the morning, **do not** take it later in the day. Just return to your normal schedule and take 1 tablet the next morning. **Do not** take two tablets on the same day.
- **If you are not sure what to do if you miss a dose, contact your health care provider who will be able to advise you.**

What should I avoid while taking BONIVA?

- Do not take other medicines, or eat or drink anything but plain water before you take BONIVA and for at least 1 hour (60 minutes) after you take it.
- Do not lie down for at least 1 hour (60 minutes) after you take BONIVA.

What are the possible side effects of BONIVA?

Stop taking BONIVA and call your health care provider right away if you have:

- **pain or trouble with swallowing**
- **chest pain**
- **very bad heartburn or heartburn that does not get better**

BONIVA MAY CAUSE

- pain or trouble swallowing (dysphagia)
- heartburn (esophagitis)
- ulcers in your stomach or esophagus (the tube that connects your mouth and stomach)

Common side effects with BONIVA are:

- diarrhea
- pain in extremities (arms or legs)
- dyspepsia (upset stomach)

Less common side effects with BONIVA are short-lasting, mild flu-like symptoms (usually improve after the first dose). These are not all the possible side effects of BONIVA. For more information ask your health care provider or pharmacist.

Rarely, patients have reported severe bone, joint, and/or muscle pain starting within one day to several months after beginning to take, by mouth, bisphosphonate drugs to treat osteoporosis (thin bones). This group of drugs includes BONIVA. Most patients experienced relief after stopping the drug. Contact your health care provider if you develop these symptoms after starting BONIVA.

Rarely, patients taking bisphosphonates have reported serious jaw problems associated with delayed healing and infection, often following dental procedures such as tooth extraction. If you experience jaw problems, please contact your health care provider and dentist.

What is osteoporosis?

Osteoporosis is a disease that causes bones to become thinner. Thin bones can break easily. Most people think of their bones as being solid like a rock. Actually, bone is living tissue, just like other parts of the body, such as your heart, brain, or skin. Bone just happens to be a harder type of tissue. Bone is always changing. Your body keeps your bones strong and healthy by replacing old bone with new bone.

Osteoporosis causes the body to remove more bone than it replaces. This means that bones get weaker. Weak bones are more likely to break. Osteoporosis is a bone disease that is quite common in women after menopause. At first, osteoporosis has no symptoms, but people with osteoporosis may develop loss of height and are more likely to break (fracture) their bones, especially the back (spine), wrist, and hip bones.

Osteoporosis can be prevented, and with proper therapy it can be treated.

Who is at risk for osteoporosis?

Talk to your health care provider about your chances for getting osteoporosis.

Many things put people at risk for osteoporosis. The following people have a higher chance of getting osteoporosis:

Women who:

- are going through or who are past menopause ("the change")
- are white (Caucasian) or Asian

People who:

- are thin
- have a family member with osteoporosis
- do not get enough calcium or vitamin D
- do not exercise
- smoke
- drink alcohol often
- take bone thinning medicines (like prednisone) for a long time

General information about BONIVA

Medicines are sometimes prescribed for conditions that are not mentioned in patient information. Do not use BONIVA for a condition for which it was not prescribed. Do not give BONIVA to other people, even if they have the same symptoms you have. It may harm them.

Store BONIVA at 77°F (25°C) or at room temperature between 59°F and 86°F (15°C and 30°C).

Keep BONIVA and all medicines out of the reach of children.

This summarizes the most important information about BONIVA. If you would like more information, talk with your health care provider. You can ask your health care provider or pharmacist for information about BONIVA that is written for health professionals.

For more information about BONIVA, call 1-888-MY-BONIVA or visit www.myboniva.com.

What are the ingredients of BONIVA?

BONIVA (active ingredient): ibandronate sodium

BONIVA (inactive ingredients): lactose monohydrate, povidone, microcrystalline cellulose, crospovidone, purified stearic acid, colloidal silicon dioxide, and purified water. The tablet film coating contains hypromellose, titanium dioxide, talc, polyethylene glycol 6000 and purified water.

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Woman's Best Defense Against Colon Cancer: olonoscopy

By Philip Schoenfeld, M.D., M.Ed., M.Sc.

n it comes to health care, men vomen should not always be d equally—and that's okay. e other types of screening may propriate for men, a woman's defense against colon cancer is toscopy.

heart attacks and other diseases, and women develop symptoms ently. Colon cancer is no excep- Women and men develop tissue ths, known as polyps, in different s along the colon. These growths ometimes lead to cancer, so their tion and removal is very impor- in colon cancer prevention.

tend to develop polyps in the r colon while women develop deeper in the colon, making harder to detect using other ning methods. A colonoscopy ns the entire length of the colon olyps, using a long, flexible tube allows your doctor to see the n's lining.

er common screening methods lexible sigmoidoscopy, which nines the lower 25 percent of the n, and fecal occult blood testing, ch identifies microscopic amounts lood in the stool. Past research on n cancer screening focused mostly nen, so when these screening tests cted polyps in the majority of the icipants, they were considered quate for women as well. However, w study showed that these ening tests would have failed to ct advanced pre-cancerous vths in 65% of the women tested.

noidoscopy results reveal very e, if anything, about the health of colon beyond the lower quarter hed by the sigmoidoscope.



In order to detect polyps in the upper portion of the colon, which is where women usually develop them, a colonoscopy is necessary.

Fecal occult blood testing is not the best screening method either, because symptoms of colon cancer, such as rectal bleeding, do not usually occur until the cancer is in its more advanced stages. This test alone cannot be used to diagnose colon polyps or cancer, and other follow up tests are often needed. A colonoscopy is the only test that can both detect and remove polyps in the entire colon during the same exam.

> Colon cancer is the leading cause of cancer deaths among non-smokers

And an estimated 150,000 people are diagnosed with it every year in the United States. Fortunately, it is also largely preventable when the proper screening method is used. Both men and women should begin getting screened for colon cancer around the age of 50, but if you are a woman, it is especially important that you request a colonoscopy. This is one area where the sexes are not equal.

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Understanding Shingles: Are You at Risk?

By Carol Kauffman, M.D.

Who doesn't remember having chicken pox as a kid? It was itchy, annoying and likely left a few scars, but it rarely resulted in much more than relatively minor discomfort. However, the second incarnation of this seemingly harmless virus (herpes zoster) is the same that causes the painful skin rash, shingles. Now there are ways to treat and even help prevent shingles.

The mistake most people make is in thinking that once you've had chicken pox, it's gone for good. Like its better-known brethren in the herpes family, chicken pox never actually leaves the body. Instead, after the blisters heal, it recedes and lays dormant in a nerve cell adjacent to your spinal cord. For most healthy people, it remains there, completely inactive. But for those at risk—particularly the elderly, those with HIV/AIDS, people taking steroids to treat arthritis or some other condition or those with an otherwise-compromised immune system—the virus can move along the nerve fibers and back out to the skin where it multiplies and reappears as the rash known as shingles.

> [illegible] fact, of people who had chicken pox, about 1/3 will develop shingles [illegible] age 50

Furthermore, unlike chicken pox, which only occurs once, shingles can recur, especially when your immune system is strained.

Shingles typically begins with a tingling sensation at the site of the rash. Because the virus is spread through only one nerve, the rash and pain are isolated to one half of the body, never crossing the midline. The rash starts as small sores that eventually grow into blisters. After a week or so, the blisters crust over and the rash heals.

Pain is the most problematic symptom, however. Although it can precede the rash by a few days, pain is more commonly experienced during and after the actual attack. This lasting pain, called post-herpetic neuralgia, is the result of damaged nerve fibers that communicate mixed signals to the brain. The sensitivity can sometimes be so amplified that even the slightest touch of clothing can cause intense pain.

Shingles involving the nerves of the face becomes more common with increasing age. The virus can spread and damage hearing and sight, and post-herpetic neuralgia can be extremely painful in this location. If you suspect you're developing shingles on your face, no matter the level of intensity, you should see your doctor immediately to avoid complications.

If you've had chicken pox when you were a child and are concerned that you may develop shingles, there is action you can take. Researchers have found that among people who have already had chicken pox, a large dose of the chicken pox vaccine reduced the occurrence of shingles by about 50 percent. Of those who took the vaccine but still developed the rash, the chronic pain was reduced by about 60 percent on average.

If you have an outbreak but have not taken the vaccine, treatment is also available. Your doctor can prescribe safe anti-viral drugs that are administered for seven to 10 days and work to heal the rash. However, the drugs have no effect on the chronic pain that can occur after a shingles outbreak has healed.

KNOWLEDGE IS POWER

Have questions or future topic suggestions?

Email: healthydose@lhj.com

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COMING NOVEMBER 2007

Healthy Dose® Volume VII
MENTAL HEALTH



you've had chickenpox, you're at risk for this potentially serious disease.

ıe out of ten adults in the United States have had ckenpox. You were probably one of them. Shingles ıused by the same virus that causes chickenpox. e virus can remain inactive in your body. If the ıs becomes active again, it can cause Shingles.

ıe older you get, your risk for ingles increases.

you get older, your immune system weakens. That ans your risk for Shingles increases. In fact, of the mated 1 million cases of Shingles in the United tes every year, almost half of them occur in adults 60 or older. One out of two people who live to 85 will have Shingles.

ıingles can be painful and tentially serious.

e first signs of Shingles may include itching, gling, and burning. A few days later a blistering rash appears, which can last up to 30 days. For most people, the pain associated with the rash lessens as it heals. However, for some people, Shingles may lead to pain that can last for months or even years after the rash heals. This is called postherpetic neuralgia (PHN).

The pain from PHN can range from burning or throbbing to pain that is stabbing or shooting. For many people with PHN, even the touch of soft clothing or a slight breeze against the skin can be painful.

Shingles can lead to other serious complications that may include scarring, skin infections, muscle weakness, and decrease or loss of vision or hearing.

For more information, call 1-888-874-4645 (1-888-8-SHINGLE) or visit shinglesrisk.com

sk about the facts. *Talk to your doctor or healthcare professional today.*

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Five Easy Latin Meals

Crazy for Corn











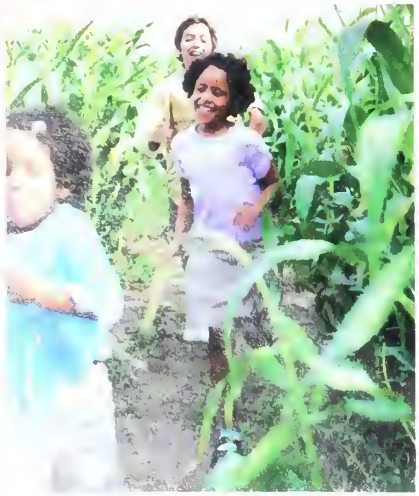


READY, SET, HUSK! CHECK OUT THESE RECIPES FOR EVERYTHING FROM

CORNUCOPIA



CORN CHOWDER TO CORN TACOS—PLUS CREATIVE PARTY IDEAS YOU'LL LOVE



The bounty of the season belongs to sweet, tender, delicious corn. And it is one *versatile* vegetable. Besides grilling it and smearing it with butter, you can use it for zip and zest in dishes like soups, salads and tacos. Best of all, you can go wild with a whole corn-themed party. All over the country, families are spending hours playing hide-and-seek in farms' corn mazes, making corny arts and crafts projects—like building "Mr. Corn Head"—and then settling down to a pass-the-yummies lunch. Simply a-*maize*-ing!





Cut-burlap place mats over Grandma's cotton printed tablecloths keep the setup easy

Perfect Lemonade

MAKES ABOUT 2 QUARTS

Prep time: 15 minutes
Total time: 20 minutes

- 1½ cups sugar
- 3 cups fresh lemon juice (from 15 to 18 lemons)
- 5 cups ice water
- 1 lemon, washed and thinly sliced, for garnish

◆ Bring 1 cup water and the sugar to a boil in a saucepan over moderately high heat, stirring occasionally, until sugar dissolves, about 1 minute, for syrup. Cool.

◆ Combine syrup, juice and ice water in a pitcher. Pour into glasses and garnish with lemon slices, if desired.

Per cup: 170 calories, 0 fat, 0 sat fat, 2 mg sodium, 47 g carbs, 0 chol, 0 calcium, 1 g protein, 0 fiber

CONTINUED

PHOTOGRAPHED BY JOHN KERNICK
RECIPES AND FOOD STYLING BY LORI POWELL

Seasoned Butters for Corn: Cumin-Cilantro Butter

MAKES 1 CUP (16 TABLESPOONS)

Prep time: 5 min **Total time:** 35 min

- 2 sticks (1 cup) unsalted butter, softened
- ½ cup finely chopped fresh cilantro, plus sprig for garnish
- 1½ teaspoons fresh lime juice, plus 3 slices for garnish
- 1 teaspoon ground cumin
- ¾ teaspoon coarse sea or kosher salt

◆ Using a fork, mix together all ingredients in a bowl until blended well.
◆ Spoon into a corn dish or shallow bowl. Chill until firm, about 30 minutes; garnish with lime slices and cilantro sprig, if desired.

Per tablespoon: 100 calories, 11.5 g total fat, 7 g sat fat, 94 mg sodium, 0 carbs, 5 mg calcium, 31 mg chol, 0 protein, 0 fiber



Spruce up easy-to-grill corn with herbed butters

Lemon-Thyme Butter

MAKES 1 CUP (16 TABLESPOONS)

Prep time: 5 min **Total time:** 35 min

- 2 sticks (1 cup) unsalted butter, softened
- 2 tablespoons chopped fresh thyme leaves, plus sprigs for garnish
- 2 teaspoons finely grated fresh lemon zest, plus 3 slices for garnish
- 1½ teaspoons fresh lemon juice
- ¾ teaspoon coarse sea or kosher salt
- ½ teaspoon freshly ground pepper

◆ Using a fork, mix together all ingredients in a bowl until blended well.
◆ Spoon into a corn dish or shallow bowl. Chill until firm, about 30 minutes; garnish with lemon slices and thyme sprigs, if desired.

Per tablespoon: 100 calories, 11.5 g total fat, 7 g sat fat, 94 mg sodium, 0 carbs, 5 mg calcium, 31 mg chol, 0 protein, 0 fiber

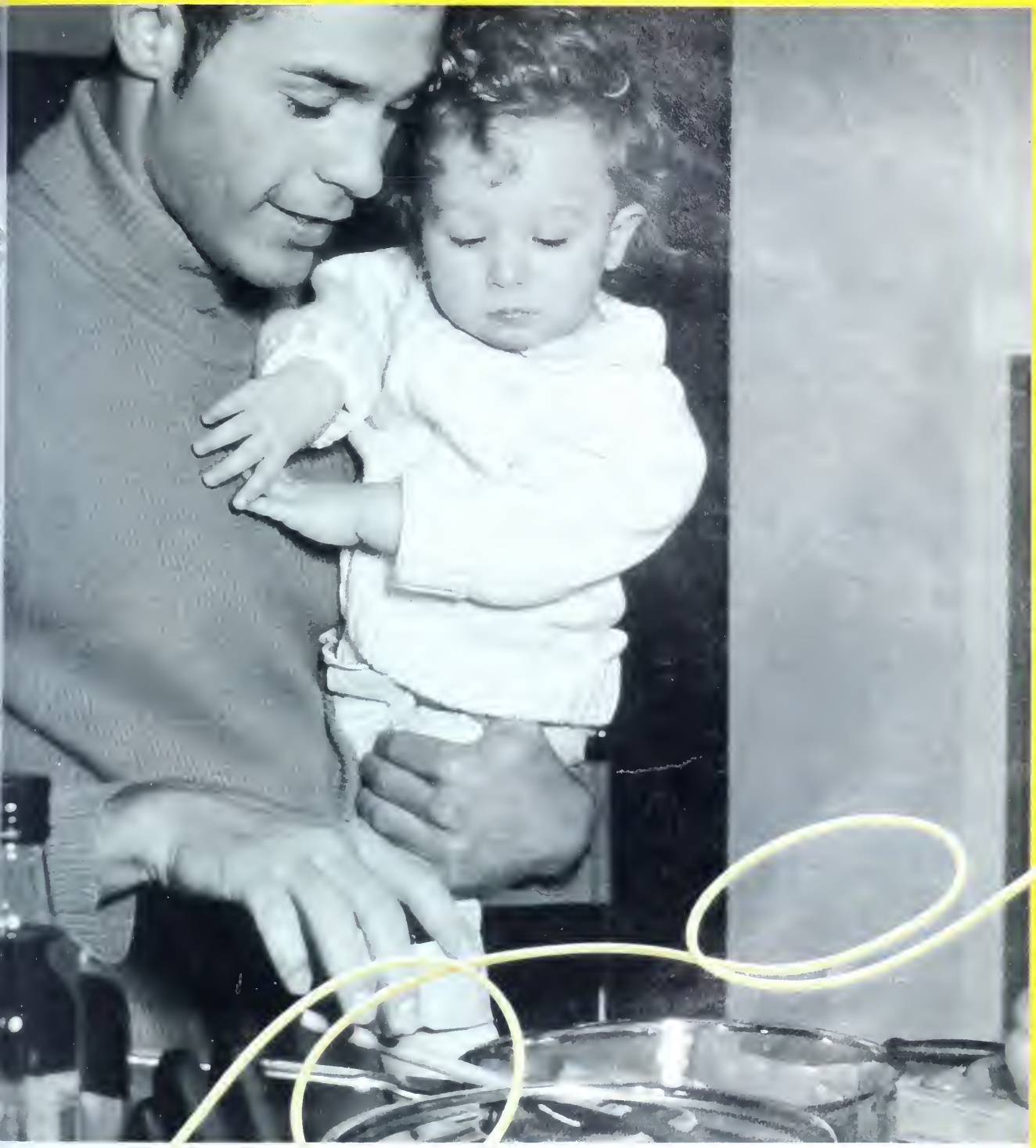
Turkey, Zucchini and Corn Tacos

SERVES 10

Prep time: 30 min **Total time:** 45 min

- 2 tablespoons olive oil
- 1 lb lean ground turkey or chicken
- ¾ lb zucchini, cut into ¼-inch dice
- 1 large yellow onion, chopped
- 3 garlic cloves, finely chopped
- 1 tablespoon chili powder
- 1 teaspoon ground cumin
- 2 lbs grape tomatoes, halved
- 3 cups fresh (cut from about 6 ears) or frozen corn kernels, thawed if frozen
- 1 can (15 oz) black beans, rinsed and drained

CONTINUED



Life is short, but childhood is shorter. Feed it well.

As always, Ragú® is preservative, artificial additive and every other "ive"-free. A natural tomato sauce that kids love. What could be better? Feed our kids well.





Build-your-own tacos get the kids involved



Turkey, Zucchini and Corn Taco filling



Crunchy taco shells



Chunky Guacamole

½ cup purchased salsa, plus 1 cup for serving
¼ cup chopped fresh cilantro
20 purchased taco shells
2 cups shredded romaine lettuce
1 cup coarsely shredded part-skim cheddar
1 cup reduced-fat sour cream
1 cup sliced red onion
1 recipe Chunky Guacamole (recipe follows)

◆ Heat 1 tablespoon oil in a large nonstick skillet over moderately high heat until hot but not smoking. Add turkey and cook, stirring and breaking up lumps, until no longer pink, about 5 minutes. Transfer with a slotted spoon to a bowl. Add zucchini, yellow onion, garlic, chili powder and cumin to skillet; cook, stirring occasionally, until softened, about 4 minutes. Transfer with a slotted spoon to bowl with turkey. Add ½ tablespoon oil and the tomatoes to skillet; cook, stirring occasionally, until wilted, about 4 minutes. Transfer with a slotted spoon to bowl with turkey and discard juices. Add remaining ½ tablespoon oil and the corn to skillet;

CONTINUED

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Applewood-Smoked Bacon-Corn Chowder and Mini Pepperoni-Cheddar Corn Sticks

cook, stirring occasionally, until corn is tender, about 2 minutes. Return ingredients in bowl to skillet; stir in beans and salsa. Cook until hot, about 4 minutes. Transfer to a serving bowl and stir in cilantro; salt and pepper to taste, for filling.

◆ Serve filling and remaining ingredients in separate bowls to assemble tacos as desired.

Per serving without guacamole: 395 calories, 16 g total fat, 5 g sat fat, 685 mg sodium, 47 g carbs, 202 mg calcium, 49 mg chol, 19 g protein, 7 g fiber

Chunky Guacamole

MAKES 5 CUPS

Prep time: 15 min **Total time:** 15 min

- 6 firm-ripe avocados
- ½ cup chopped fresh cilantro
- ⅓ cup finely chopped scallion, dark green part only
- 3 tablespoons fresh lime juice, or to taste
- 3 garlic cloves, minced

◆ Halve avocados lengthwise, remove pits and scoop out flesh into a large bowl. Cut into bite-size chunks. Fold in remaining ingredients until combined well; salt and pepper to taste. *(Can be made ahead. Completely cover surface with plastic wrap and chill up to 1 hour.)*

Per ¼ cup: 100 calories, 9 g total fat, 1.5 g sat fat, 7 mg sodium, 5 g carbs, 9 mg calcium, 0 chol, 2 g protein, 2 g fiber

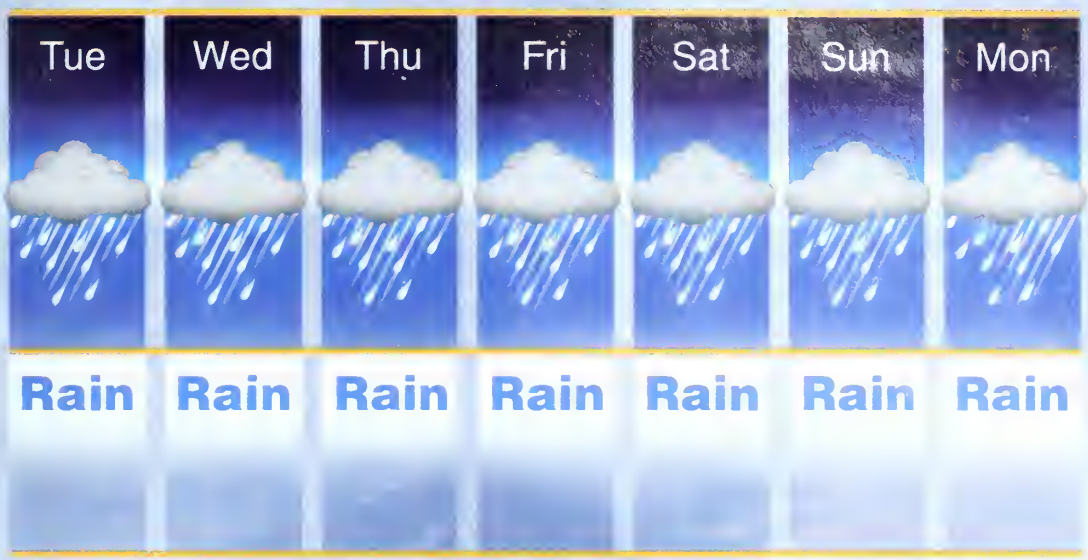
Applewood-Smoked Bacon-Corn Chowder

MAKES 18 CUPS

Prep time: 30 min **Total time:** 1 hour

- 12 applewood-smoked bacon slices
- 2 medium onions, finely chopped
- 2 orange bell peppers, seeded, ribbed and finely chopped
- 3 celery ribs, finely chopped
- 2 tablespoons finely chopped fresh thyme leaves
- 4 cups half-and-half
- 4 cups whole milk
- 7 cups fresh (cut from about 12 ears) or frozen corn kernels, thawed if frozen

CONTINUED



AT LEAST YOU CAN KEEP YOUR HEARTBURN FROM COMING BACK.

Prilosec OTC® is the only over-the-counter heartburn medicine that works to provide 24-hour protection with one pill a day. It blocks heartburn before it starts, by stopping acid at the source.* So heartburn, unlike other annoying things in life, won't keep coming back.



THE ROUND-THE-CLOCK HEARTBURN BLOCKER

It's possible with Prilosec OTC. Use as directed for 14 days for treating frequent heartburn. [illegible] relief.

[illegible] PPAD07118



Fill vases with colorful summer wildflowers

- 1½ lbs red potatoes, washed and cut into ⅓-inch cubes
- ½ cup chopped fresh basil leaves, plus additional for garnish
- 1 recipe Mini Pepperoni-Cheddar Corn Sticks (recipe follows)

◆ Heat a 5-quart pot over moderate heat. Add bacon and cook, turning once, until crisp, about 6 minutes. Transfer to paper towels to drain. Reserve 2 tablespoons fat in pot. Coarsely crumble bacon and reserve.

◆ Add onion, bell pepper, celery and thyme to pot with bacon fat. Cook over moderate heat, stirring occasionally, until softened, about 6 minutes. Add half and half, milk, corn and potatoes; simmer (do not boil), stirring occasionally, until potatoes are fork-tender, about 20 minutes. Remove from heat. Stir in basil and half of reserved bacon; salt and pepper to taste.

◆ Ladle into bowls, sprinkle with remaining bacon and garnish with basil, if desired. Serve chowder hot with corn sticks.

Per cup without corn sticks: 230 calories, 12 g total fat, 6 g sat fat, 141 mg sodium, 25 g carbs, 138 mg calcium, 32 mg chol, 8 g protein, 3 g fiber

Mini Pepperoni-Cheddar Corn Sticks

MAKES 42

Prep time: 25 min **Total time:** 40 min

- Vegetable cooking spray
- ¾ cup plus 2 tablespoons yellow cornmeal
- ⅓ cup all-purpose flour
- 2 teaspoons sugar
- 1 teaspoon baking powder
- ½ teaspoon baking soda
- ½ teaspoon ground cumin
- ⅛ teaspoon salt
- ¾ cup grated part-skim yellow cheddar
- ½ cup fresh (cut from 1 ear) or frozen corn kernels, thawed if frozen
- 1½ oz sliced pepperoni, finely chopped (about ¼ cup)
- ¼ cup chopped fresh cilantro
- 1 cup well-shaken buttermilk
- 6 tablespoons butter, melted and cooled
- 1 large egg

◆ Preheat oven to 450°F and arrange rack in center. Generously coat 3 cast-iron mini corn-stick pans (seven 1-oz sticks per pan) with cooking spray. Heat pans in oven while making batter.

◆ Whisk together cornmeal, flour, sugar, baking powder, baking soda, cumin and salt in a large bowl. Add cheese, corn, pepperoni and cilantro; toss until combined well. Whisk together buttermilk, butter and egg in a medium bowl. Pour buttermilk mixture into cornmeal mixture and stir until combined well.

◆ Carefully remove 1 pan at a time from oven and spoon 1 heaping tablespoon batter into each stick section. Immediately return to oven.

◆ Bake until completely golden brown and set (if undercooked, they will stick to pan), 10 to 12 minutes. Using a knife or small metal spatula, immediately remove sticks from pans and transfer to racks to cool. Wipe out pans with a paper towel, coat with cooking spray and repeat process with remaining batter. Serve warm.

Per corn stick: 50 calories, 3 g total fat, 1.5 g sat fat, 96 mg sodium, 4 g carbs, 29 mg calcium, 12 mg chol, 1 g protein, 0 fiber

CONTINUED

LHJ.com

Kids love portable three-bite cupcakes. Send a batch of these darling desserts back to school with your little ones. For ideas, go to **www.lhj.com/cupcakes**



AT LEAST YOU CAN KEEP YOUR HEARTBURN FROM COMING BACK.

Prilosec OTC® is the only over-the-counter heartburn medicine that works to provide 24-hour protection with one pill a day. It blocks heartburn before it starts, by stopping acid at the source* So heartburn, unlike other annoying things in life, won't keep coming back.



THE ROUND-THE-CLOCK HEARTBURN BLOCKER

*It's possible with Prilosec OTC. Use as directed for 14 days for treating frequent heartburn. Not for immediate relief.

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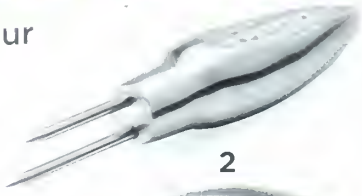
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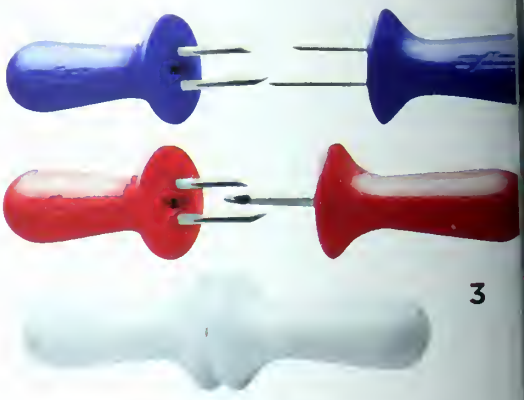
GET A GRIP!

Make corn at your summer party super easy and mess-free with these fun tools and dishes



2





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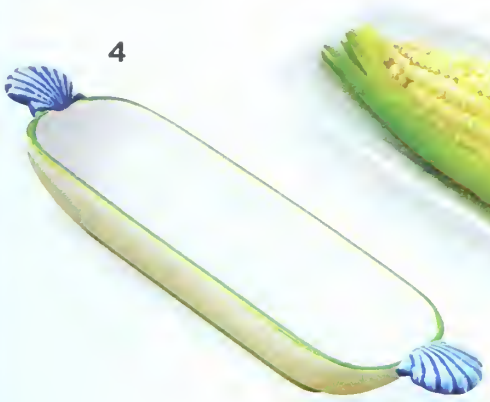


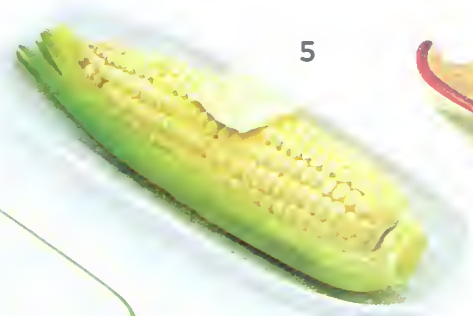
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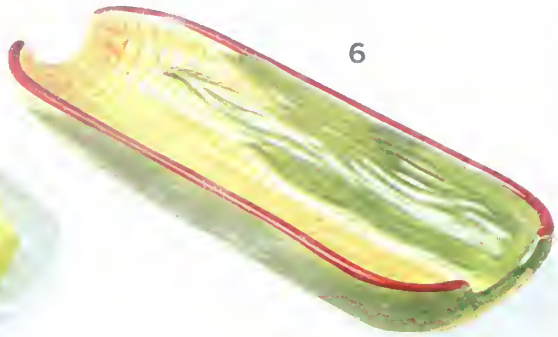
1 No more butter fingers. Hold on to these cute pig corn picks and get your muzzle into that sweet corn. Pig Corn Holders, $11.95 for four pairs; *www.wrapables.com* or 877-411-9600.

2 Keep your hands clean and your BBQ stylish. Sleek stainless-steel mini cobs of corn bring class to an otherwise-messy affair. RSVP Endurance Corn Picks, $14.99 for set of eight; *www.cheftools.com.*

3 Don't lose it. These corn holders lock together in pairs when not in use for maximum safety and convenience. Bright-colored and dishwasher-safe, they feature a comfortable design. Zyliss Interlocking Corn Holders, $4.99 for four pairs; *www.amazon.com.*







4 The Beachcomber Corn Dish has style, holding an ear of corn dripping with butter till you're ready to eat. (It does double duty as a chili dog holder when the cob is bare.) Beachcomber Corn Dish, $3.99; *www.pfaltzgraff.com*.

5 Cobs will be sitting pretty in these white porcelain dishes. Sporting a subtle corn pattern inside, they free up space on the plate for ribs and potato salad. Porcelain Corn Dishes, $16.95 for set of four; *www.cooking.com*.

6 These dishes' beautiful designs tell you exactly what belongs in them. Notched on the ends to make room for corn holders, they're the perfect addition to the table. Napoli Corn Dish, $3.99; *www.pfaltzgraff.com*.

7 Keep the corn on the plate. Pair these colorful dishes with ceramic-handled picks so you can nibble every morsel. Corn on the Cob Dishes, $18.95 for set of four, and Corn on the Cob Picks, $9.95 for set of four; *www.wrapables.com* or 877-411-9600.





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Garlic Shrimp Salad With Mango, Toasted Almonds and Citrus Vinaigrette

SERVES 4
Prep time: 45 min
Total time: 1 hr

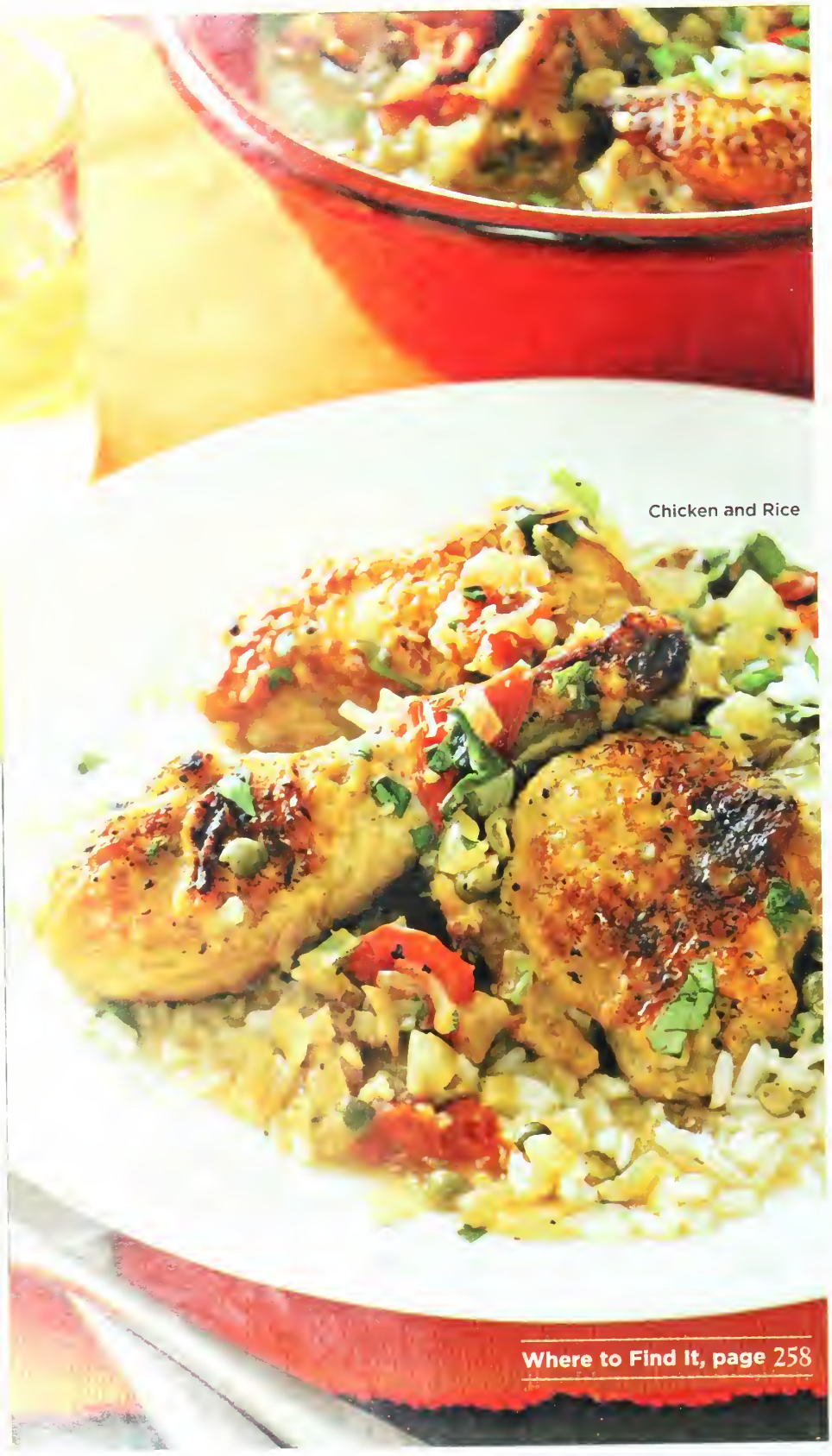
- 1 lb large shrimp, peeled and deveined
- 6 tablespoons extra-virgin olive oil
- 3 tablespoons fresh lime juice
- 1 tablespoon plus ¼ teaspoon minced garlic
- 3 tablespoons fresh orange juice
- 1 small jalapeño, halved, seeded and finely chopped
- ½ small red onion, thinly sliced
- ½ cup chopped fresh cilantro
- 6 cups mixed salad greens (such as romaine, Bibb, escarole and radicchio), torn
- 1 mango, peeled, sliced and cut into ¼-inch-thick sticks
- ½ papaya, peeled, seeded and cut into ¼-inch-thick sticks
- ½ cup sliced almonds, toasted

◆ Rinse shrimp and pat dry; transfer to a bowl. Add 1 tablespoon each oil, lime juice and garlic; toss to combine. Season with salt and pepper. Marinate at room temperature 15 minutes.

◆ Meanwhile, whisk together remaining 2 tablespoons lime juice, ¼ teaspoon garlic, the orange juice and jalapeño. Add 4 tablespoons oil in a slow stream, whisking until combined well. Stir in onion and cilantro; salt and pepper to taste, for vinaigrette.

◆ Heat remaining 1 tablespoon oil in a large nonstick skillet. Add shrimp, in 2 batches, and cook, turning once, until golden brown and opaque, about 3 minutes per batch. Transfer, as cooked, to a plate.

◆ Combine greens, mango, papaya and almonds in a large bowl. CONTINUED



Chicken and Rice

Where to Find It, page 258

Toss with enough vinaigrette to coat; salt and pepper to taste. Mound salad on plates alongside shrimp and serve.

Per serving: 415 calories, 29 g total fat, 4 g sat fat, 155 mg sodium, 19 g carbs, 137 mg calcium, 140 mg chol, 23 g protein, 3 g fiber

Chicken and Rice

SERVES 6

Prep time: 45 min
Total time: 1 hr 25 min

- 3½ lbs chicken parts with bone and skin, fat trimmed
- 2 tablespoons olive oil
- 2 cups chopped onion
- 2 tablespoons minced garlic
- 1 teaspoon ground cumin
- 1½ cups dry white wine
- 1 cup low-sodium chicken broth
- 2 tablespoons fresh lemon juice
- 3 tablespoons jarred capers, rinsed, drained and chopped
- 4 plum tomatoes, seeded and coarsely chopped
- ½ cup chopped fresh cilantro
- 1 tablespoon unsalted butter
- 3 cups cooked white rice

◆ Rinse chicken and pat dry; season with salt and pepper. Heat 1 tablespoon oil in a heavy 5-quart pot over moderately high heat until hot but not smoking. Add chicken, in 2 batches, and cook, turning, until golden brown on all sides, about 8 minutes per batch. Transfer, as cooked, with tongs to a plate, leaving fat in pot. Add onion, garlic and cumin to pot; cook over moderate heat, stirring, until onion is softened, about 2 minutes. Add wine and simmer until reduced by one-third, about 5 minutes. Stir in broth, juice, capers and tomatoes. Return chicken to pot and simmer, covered, until cooked through, 30 to 35 minutes. Stir in cilantro and butter; serve over rice.

Per serving: 580 calories, 34 g total fat, 9.5 g sat fat, 485 mg sodium, 30 g carbs, 53 mg calcium, 141 mg chol, 37 g protein, 1 g fiber

CONTINUED


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Grilled Steak With Herb Sauce and Mashed Sweet Potatoes

SERVES 4

Prep time: 45 min **Total time:** 1 hr 35 min

For mashed sweet potatoes:

- 3 sweet potatoes (about 2 lbs total)
- 2 tablespoons extra-virgin olive oil
- ¾ cup chopped scallion, light- and dark-green parts only
- 2 teaspoons fresh lime juice
- 1 teaspoon minced garlic

For herb sauce:

- ½ cup extra-virgin olive oil
- ⅓ cup chopped fresh cilantro
- ¼ cup chopped fresh flat-leaf parsley
- 2 tablespoons chopped fresh oregano
- 2 tablespoons fresh lemon juice
- 2 tablespoons jarred capers, rinsed, drained and chopped
- 1 teaspoon minced garlic

- 2 boneless rib-eye steaks (about 2 lbs total)
- 1 tablespoon extra-virgin olive oil

◆ *Make potatoes:* Preheat oven to 400°F and arrange rack in center. Cut 3 squares of foil, each large enough to wrap around 1 potato. Prick each potato in 3 places with a fork and place on foil. Drizzle each with 1 teaspoon oil and wrap tightly. Place in a baking pan and roast, turning once, until very tender, 1 to 1¼ hours. Transfer potatoes in pan to rack and let cool slightly. Carefully unwrap potatoes, halve, peel and mash in a bowl. Add remaining ingredients and mash together until smooth; salt and pepper to taste. Keep warm, covered.

◆ *Make sauce:* Meanwhile, whisk together all ingredients in a bowl; salt and pepper to taste.

◆ While potatoes are roasting, rinse steaks and pat dry; let stand at room temperature 30 minutes. Season with salt and pepper.

◆ Heat oil in a large skillet over moderately high heat until CONTINUED

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Pork, Chicken and Potato Stew in Peanut Sauce

hot but not smoking. Add steaks and cook, turning once, about 8 minutes for medium-rare (reducing heat to moderate if smoking). Transfer to a cutting board and let stand 5 minutes before cutting into ¼-inch-thick slices.

◆ Arrange steak alongside potatoes on serving plates. Spoon some sauce over steak and serve remaining on the side.

Per serving: 995 calories, 71.5 g total fat, 20 g sat fat, 324 mg sodium, 44 g carbs, 90 mg calcium, 140 mg chol, 45 g protein, 6 g fiber

Pork, Chicken and Potato Stew in Peanut Sauce

SERVES 6

Prep time: 1 hr **Total time:** 1 hr 30 min

- 1½ lbs pork shoulder, cut into ⅓-inch cubes
- 5½ tablespoons olive oil
- 1 lb boneless skinless chicken breasts, cut into 1-inch pieces
- 8 small purple Peruvian or red potatoes (about 1 lb), quartered
- 1 large onion, chopped
- 6 large garlic cloves, minced
- 4 cups low-sodium chicken broth
- 2 boxes (10 oz *each*) frozen corn, thawed
- 1½ tablespoons adobo sauce from canned chipotle in adobo
- ½ cup reduced-fat peanut butter
- ½ cup chopped fresh cilantro or flat-leaf parsley, for garnish

◆ Rinse pork and pat dry; season with salt and pepper. Heat 2 tablespoons oil in a heavy 5-quart pot over moderately high heat until hot but not smoking. Add pork, in 3 batches, and cook, turning, until golden brown, about 6 minutes per batch (adding oil, 1 tablespoon at a time, as needed). Transfer, as cooked, with a slotted spoon to a bowl, leaving fat in pot.

◆ Rinse chicken and pat dry; season with salt and pepper. Add 1½ tablespoons oil to fat in pot and heat over moderately high heat. Add chicken and cook, turning, until golden brown, about 3 minutes. Transfer with a slotted spoon to bowl with pork. Add potatoes, onion and

CONTINUED

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rlic to pot; cook over moderately gh heat until onion is softened, about minutes. Stir in broth, corn, adobo uce and peanut butter. Return pork id chicken to pot with any drippings id push into liquid. Simmer, ncovered, stirring occasionally, until ghtly thickened, meat is cooked rough and potatoes are fork-tender, 5 minutes; salt and pepper to taste. To serve, ladle stew into bowls and rnish with cilantro, if desired.

er serving: 750 calories, 41.5 g total fat, .5 g sat fat, 660 mg sodium, 48 g arbs, 53 mg calcium, 125 mg chol, 49 g rotein, 5 g fiber

tuffed Poblanos With Roasted Red-Pepper Sauce

ot pictured)

ERVES 4

rep time: 1 hr **Total time:** 1 hr 20 min

or red-pepper sauce:

- 1 jar (12 oz) roasted red bell peppers, rinsed and drained, seeds discarded
- 1 tablespoon olive oil
- 1 teaspoon minced garlic
- Pinch sugar
- ½ cup half-and-half

or stuffed poblanos:

- 8 large poblano chiles or small green bell peppers
- ½ tablespoon olive oil, plus additional for pan
- ½ lb ground sirloin
- ¼ lb ground pork
- 1 cup finely chopped onion
- 1 tablespoon minced garlic
- 1 teaspoon ground cumin
- 1 cup canned crushed tomatoes in thick purée
- 2 tablespoons tomato paste
- ¼ cup golden raisins (optional)
- ½ cup chopped fresh flat-leaf parsley
- ¼ cup pimiento-stuffed olives, chopped (optional)
- ¼ cup toasted pine nuts, chopped, plus 2 tablespoons whole toasted nuts for serving
- 1 cup plus 2 tablespoons coarsely grated Monterey Jack cheese

◆ *Make sauce:* In a food processor, purée together roasted peppers, oil, garlic and sugar until smooth. Transfer to a small saucepan, stir in half-and-half and bring to a simmer over moderate heat. Remove from heat; salt and pepper to taste. Keep warm, covered.

◆ *Make stuffed poblanos:* Preheat broiler and arrange rack 4 inches from heat. Place chiles on their sides, in a single layer, on a baking sheet. Broil, turning, until slightly charred and tender, about 5 minutes. Transfer chiles on baking sheet to a rack; let cool. Rub with paper towels to remove skin. Make a slit down one side of each and carefully remove seeds and ribs, leaving stem attached.

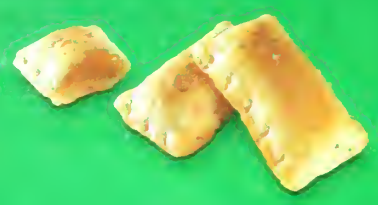
◆ Preheat oven to 375°F and arrange rack in center. Heat oil in a large nonstick skillet over moderately high heat. Add sirloin and pork; cook, stirring and breaking up lumps with the back of a spoon, until no longer pink, about 4 minutes. Transfer with a slotted spoon to a bowl, leaving fat in skillet. Add onion, garlic and cumin to skillet; cook over moderate heat, stirring, 3 minutes. Return sirloin and pork to skillet. Add crushed tomatoes, tomato paste and raisins (if using); simmer, stirring occasionally, 3 minutes. Remove from heat and let cool slightly. Stir in parsley, olives (if using), chopped nuts and 1 cup cheese, for filling.

◆ Lightly oil a 9-by-13 inch pan. Spoon filling into chiles and arrange, in a single layer, in pan. Sprinkle with remaining 2 tablespoons cheese and bake until melted and filling is hot, about 15 minutes.

◆ Divide sauce between 4 serving plates and top each with 2 stuffed chiles. Sprinkle with remaining 2 tablespoons whole nuts.

Per serving: 660 calories, 42.5 g total fat, 14.5 g sat fat, 511 mg sodium, 42 g carbs, 359 mg calcium, 98 mg chol, 35 g protein, 7 g fiber

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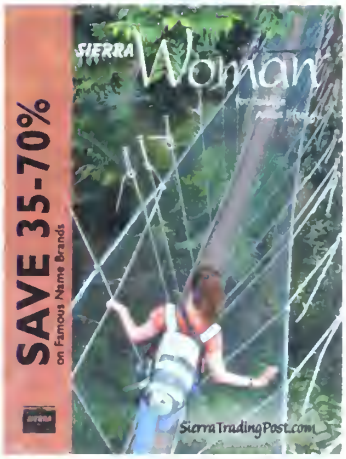


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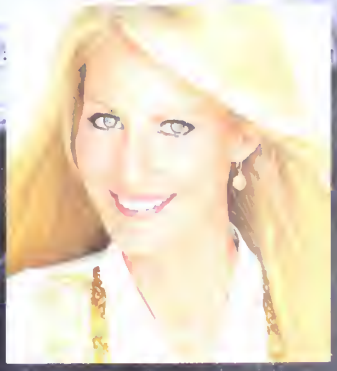
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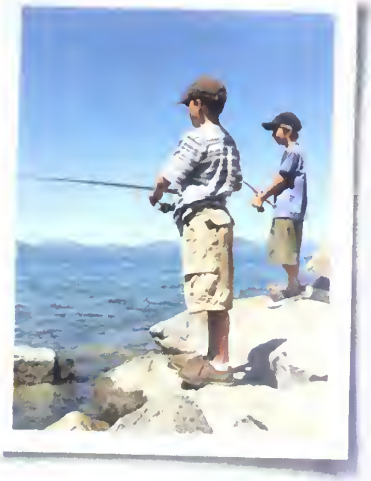
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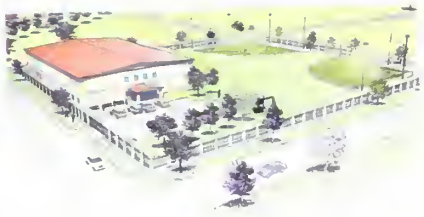
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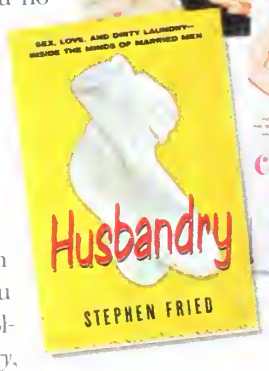
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I honored Fran Drescher (below) at a Never Underestimate the Power of a Woman® lunch in June. Our Stephen Fried column, Heart of a Husband®, is available as a book (below left). See the bottom of this page for details on how to win both books.







CALLING ALL BOOK LOVERS

We have a lot going on in the world of books this month, starting with our feature on Sandra Lee. You probably know Sandra from her many cookbooks based on her trademark "semi-homemade" concept: 70 percent ready-made products mixed with 30 percent original touches. You no doubt have tuned in to her hit Food Network show, *Semi-Homemade Cooking With Sandra Lee*, or logged on to Semihomemade.com for her simple solutions, recipes and resources for women with to-do lists longer than there are hours in the day. Now check out her Halloween entertaining suggestions starting on page 108.

So many of you are also fans of our column Heart of a Husband®, by Stephen Fried, that I'm excited to tell you that the columns have been collected into a book, *Husbandry*, now in bookstores. *Library Journal* calls it "a humorous look into the psyche of the average husband . . ." Enter our giveaway to win one of 50 signed first-edition hardcovers. You can also visit *www.lhj.com/fried* to watch a video interview with Stephen. For giveaway details, see the bottom of this page.



Ten lucky readers can win a full set of Sandra Lee's books—including these three new ones. See details at bottom of page.

Another insightful book is Fran Drescher's *Cancer Schmancer* (to win a free copy, see details below), about the former *The Nanny* star's successful fight to survive uterine cancer. Fran just launched an advocacy group by the same name, dedicated to educating the public, doctors, insurers and legislators about the need to diagnose all women's cancers early. (To learn more, go to *www.cancerschmancer.org*.) We recently hosted Fran at a Never Underestimate the Power of a Woman® luncheon, and she was a dynamic and compelling speaker. As we went to press, our new contributor, Robin Roberts, coanchor of *Good Morning America*, was diagnosed with breast cancer, which she found early—just another example of the importance of vigilance. We wish her much strength during her recovery.

Diane Salvatore

Diane Salvatore, Editor-in-Chief

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Send Me Your Pumpkin Carvings

Do you have a knack for clever, cute or creepy pumpkin carvings? Send me your photos and I'll do my best to show them in the magazine next year. Tell me who the pumpkin artist is (you or someone in your family), along with that person's name, address, phone number and e-mail address. Send it to:

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The Science of Attraction

Short-Circuit Your Stress

The Upside of Anger

WHY ANGER CAN MAKE YOU SMARTER

The last time you were in a heated argument, were you accused of being irrational when you felt you were cogently stating the facts? Finally, there's science to support your side. A recent study suggests that anger, reputed for triggering rashness, may actually help us think more logically and render better judgments. Researchers at the University of California, Santa Barbara asked participants to evaluate a written persuasive argument after some were first incited to anger. The angry participants were likelier to appropriately weigh the arguments as weak or strong, which demonstrates analytical thinking. Researchers speculate that anger's ability to make us sharper is an adaptive benefit. "Anger signals to you that something is wrong in your environment, and if it prompts you to think more carefully, you'll be better equipped to deal with the situation," says coauthor Wesley G. Moons, a Ph.D. candidate and researcher at the university. But the theory only applies to mild angry states, not red-faced outrage. Scientists don't know whether the physical arousal that can accompany extreme anger disrupts the thought process. "If you are feeling mad, try to calm yourself down," suggests Moons. "Then, use the emotion to your advantage." *—Katie Brophy*



Did You Marry Your Father?

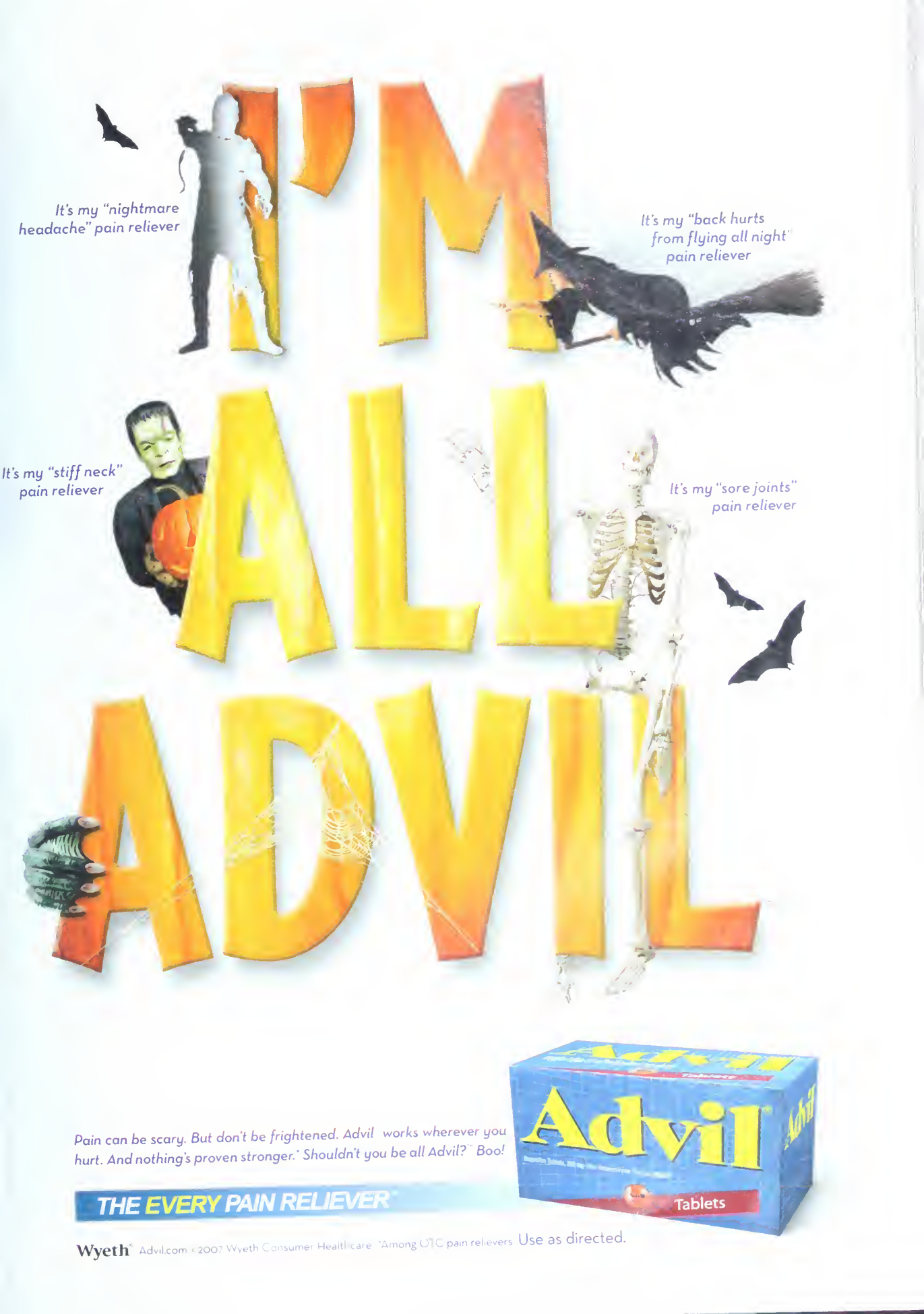
It's been more than four decades since Marilyn Monroe crooned "My Heart Belongs to Daddy," but the song may ring truer than anyone knew. Women who have good relationships with their fathers are likelier to find men who resemble their dads attractive, according to a recent British study. Researchers showed an array of photographs of men with distinctive facial characteristics to women and asked them to choose the most desirable. Those women who ranked their relationship with their fathers as "highly positive" were likeliest to choose faces with features resembling those of their dads. Women who had more-distant father-daughter relationships showed no such tendency.

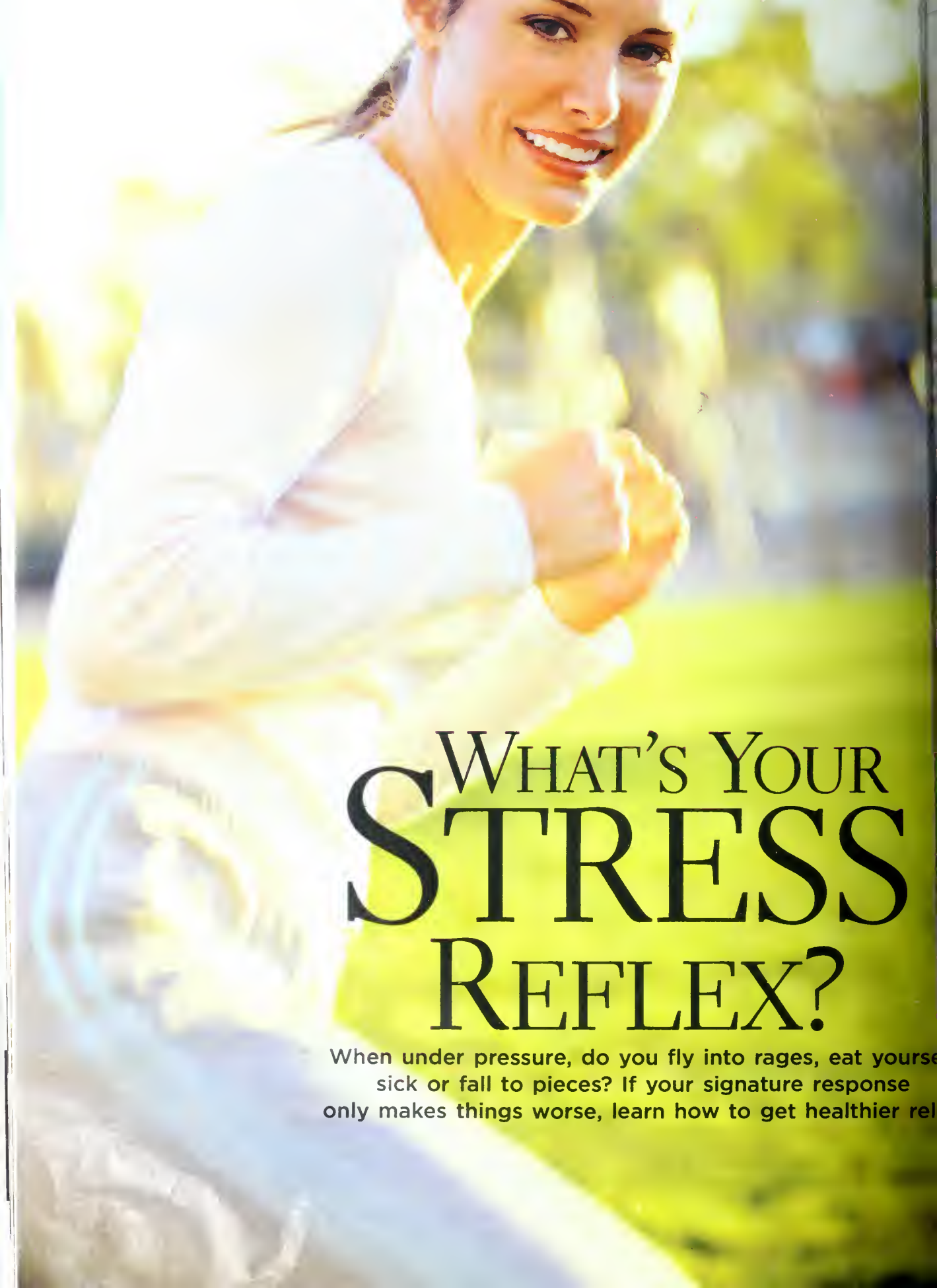
"We don't just decide what is handsome or pretty based on prevailing beauty standards," says study coauthor Lynda Boothroyd, Ph.D., lecturer at Durham University, in England. Could other close, positive male relationships—say, with an uncle or a grandfather—also affect whom women find attractive? While we don't know for sure, Dr. Boothroyd points out that the results are not based on biological relationships—many women also prefer men with features similar to their adoptive fathers. *—Sara J. Welch*

The Opinion You Most Trust

Four out of five of your friends think you should dye your hair blond, but you go the way of the lone holdout, your closest pal, who advises you to stay brunet. Is it really that you trust her taste more? Not necessarily—it may be that she's just more vocal about her views. According to a recent University of Michigan study, we are more influenced by the opinions of people who share them with us often, whether those opinions are clearly better or more correct. Indeed, "the view of the group is arguably more valuable than the judgment of just one person because you're getting multiple viewpoints," says study coauthor Norbert Schwarz, Ph.D., a professor of psychology there. But hearing the same message from one person over and over can trick us into believing it's the consensus opinion. Think about that the next time you ask for advice. *—Baria Bailey*




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WHAT'S YOUR STRESS REFLEX?

When under pressure, do you fly into rages, eat yourse
sick or fall to pieces? If your signature response
only makes things worse, learn how to get healthier rel

inda Spangle knew what was causing the major stress in her life and she knew that eating wouldn't solve it, but she ate anyway. "I used to have 20 to 30 pounds that I gained and lost over and over. Food wasn't what I wanted," says Spangle, a nurse in Denver, Colorado. hat she wanted was to have a baby, but uldn't because of infertility problems. So e ate. She ate to fill an emptiness she mis-ok for hunger; she ate for the fleeting com-rt that food provided. "Mother's ay was the most stressful–I ate all y long," Spangle recalls.

All of us have characteristic ays we respond to stress–a famil- pattern of emotional and behav-ral responses we fall into when we are cing something stressful in our lives. It's r own personal stress reflex.

By Susan Seliger

Stress reflexes, unlike physical ones, are not involuntary but are often automatic. Someone cuts you off while driving or your kids leave their dirty clothes all over the house again and *boom*, you're mad as hell, feeling the sting of tears forming or so anxious you can't catch your breath. The problem is that these typical reflexes don't always help and in the long run they may make matters worse. "Sometimes the way we cope with stress is worse than the condition causing it," says Kenneth R. Pelletier, Ph.D., a clinical professor of medicine at the University of Arizona College of Medicine and author of 12 books including *Stress Free for Good: 10 Scientifically Proven Life Skills for Health and Happiness* (with coauthor Dr. Fred Luskin).

We have gathered stress researchers' top picks for solutions tailored to each reflex. Don't worry, you don't have to change who you are. For those aspects of your stress reflex that are useful, we offer keep-but-tweak fixes that allow you to simply modify your impulses to make the best of them. And for those other reactions that are doing you more harm than good, you'll find new stress relievers that will replace those impulses with healthier, more-productive coping strategies.

CONTINUED

STRESS REFLEX #1

"I Blow My Top"

HEN UNDER STRESS DO YOU
- Snap at others easily?
- Feel impatient, interrupting other people while they are speaking?
- Become belligerent and agitated?

YOU SAID YES

any of the ove, you may the classic rd-charging, iven, type A rsonality stress searchers have entified as ghly vulnerable the ill effects stress, such high blood essure.

Although this stress reflex may be more common among men, researchers agree that plenty of women are type A, too. And women can suffer from the same ill effects of premature heart disease as men do.

Anger is not necessarily bad—it has its place in your arsenal of coping tools—but if you explode every time your computer acts up or you get stuck in traffic, it's time to tame your angry stress reflex

STRESS SOLUTIONS

Keep but Tweak:

Because releasing aggressive energy helps soothe you, it's important to find a healthy and constructive way to blow off steam. Dr. Pelletier recommends taking up a martial art. Kickboxing and fast-paced competitive sports, such as tennis, are also a good fit because they allow you to physically release rage while focusing your mind on the activity itself and away from your stress.

Instead Try:

Decades of research have shown that keeping a pet around defuses anger and stress. Merely petting your dog or cat, talking to a bird or watching fish swim in a tank can reduce stress and anxiety levels, lower blood pressure, reduce the incidence of heart attacks and help heart-attack patients live longer. If you can't get a fish or a bird or handle the burden of caring for a dog or cat, consider volunteering at your local humane society or offer to care for a neighbor's pet while she's on vacation

STRESS REFLEX #2

"I Can't Stop Eating"

WHEN UNDER STRESS DO YOU ...

- ☐ Overdose on bread and pasta?
- ☐ Crave potato chips and chocolate?
- ☐ Realize you've polished off a box of cookies and barely remember eating it?

YOU'RE NOT ALONE. One in three American women agree with the statement "when I am feeling down or facing a problem, I turn to food to feel better," according to a recent American Psychological Association survey on stress. "Eating carbs during times of stress increases levels of the stress-reducing chemical serotonin," says Judith Wurtman, Ph.D., co-author of *The Serotonin Power Diet*. "As long as we eat small amounts of low- or zero-fat carbs, we will feel better—and not gain weight." But if we eat too much we may pack on pounds and then feel worse.

LHJ.com

For easy yoga poses that can help you decompress after a long day, visit **www.lhj.com/yoga**

STRESS SOLUTIONS



Keep but Tweak: Choose Smarter Sweets and Carbs

You don't have to deny yourself food indulgences because they do help regulate stress hormones; instead of refined carbs, however, opt for whole grains. And whatever you're eating, eat it slowly. You'll ingest fewer calories and feel fuller if you let your brain register satiety. Dr. Wurtman says that eating carbs on their own, without protein or fat, will allow the body to get tryptophan, the precursor to serotonin, to the brain more quickly. That means you will get more mood-boosting benefits from eating a baked potato than from eating french fries.

Instead Try: Indulge Your Other Senses

Because the parts of your brain that process taste and smell interact closely, fragrances can help to soothe your urge to eat if that urge stems from emotion and not hunger. After all, your sense of smell is reportedly 10,000 times more sensitive than your sense of taste—and whiffing contains no calories. A scented bath combines the overall soothing effect of a warm soak with a sensory indulgence that squashes stress. "Use essential oils, not perfumes," advises Wendy Warner, M.D., president of the American Board of Holistic Medicine.

STRESS REFLEX #3

"I Bottle It Up"

WHEN UNDER STRESS ARE YOU ...

- ☐ Cool and calm, but only on the outside?
- ☐ Quick to deny the pressure you're under?
- ☐ Likely to ignore physical signs of stress, such as back pain?

DR. WARNER BELIEVES that women are more prone to this stress reflex than men. "We are trained to care for everybody else before ourselves," she points out, "to push through and not complain." Most people in this category, Dr. Warner says, will tell you they are not stressed "because they don't know what it feels like to be relaxed." They think constant stress is just a fact of life—and they adapt. "I call them 'adrenal junkies,'" Dr. Warner says.

While these women tend to get a lot done and seem admirably composed, danger may be lurking below the surface. "Pretending t be above stress, or denying it, means you're not dealing with it," says Brent A. Bauer, M. D., director of the Complementary and Integra-tive Medicine Program at the Mayo Clinic. "There can be a price to pay and it w come out somewhere, in fatigue, back pain heart attack." Chronic ongoing low-grade stress can do more harm than a single huge event can.

Taming this stress reflex requires findin ways to get back in touch with your sense and your emotions.

CONTINU





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STRESS SOLUTIONS

Keep but Tweak: [illegible]
Being strong under pressure and handling the needs of your family and friends are admirable traits. Recognize your strength later on—and reward yourself. Schedule a massage or a facial so someone else can take care of you for a change. "As soon as these women see what it feels like to be relaxed and cared for, they go, 'Oh my god, this is wonderful,'" says Dr. Warner. You aren't simply indulging yourself, you're restoring your strength so you can handle the next stressful event.

Instead Try: [illegible] Hang Out—Privately
Even if you don't like showing that you're under the gun, you may be healthier if you write about it. Several studies show that both men and women reap calming health benefits and can soothe many symptoms of stress-related disorders by writing about what is causing them stress in their lives.

You don't have to write a novel to feel better. Participants in one study showed improvement in just two weeks of writing for 45 minutes, five days a week. So buy yourself a notebook, pick up a pen, find a quiet corner and pour your heart out—you'll feel stress recede as the ink dries.

STRESS REFLEX #4

"I Become A Nervous Wreck"

[illegible]
- ☐ Find yourself chewing your cuticles or fidgeting?
- ☐ Spend sleepless nights ticking off in your mind all the bad things that might happen?
- ☐ Feel jittery and close to tears?

[illegible] from a fear of losing control and a sense that you are not fully in command of circumstances and outcomes, Dr. Pelletier explains. The problem with this stress reflex is that it becomes a self-fulfilling prophecy: The more anxious you feel, the less able you are to make wise decisions that enable you to guide events in the direction you'd most like. To keep anxiety from getting in your way, Dr. Pelletier advises women to "let go of the idea that you can always be in control." Engage in quiet activities that will allow you to feel calm and to focus your energy on the moment and not on the big event causing the anxiety and stress.

CONTINUED ON PAGE 2

STRESS SOLUTIONS

Keep but Tweak: [illegible]
Agitation and nervous energy are still energy—vital resources that can be productive. Once you've finished ticking off the bad things that could happen, start listing their opposites—all the good things that could happen, too. Then pick just one item on the good-outcomes list and set yourself the goal of taking one small step to make it happen. Even before you take action you'll feel yourself regaining a sense of control and calm.

Instead Try: [illegible]
Melatonin, a chemical present in some of the foods we eat, "is an antistress agent and a good sleep promoter," says Russel J. Reiter, Ph.D., a professor of neuroendocrinology at the University of Texas Health Science Center at San Antonio who has done dozens of studies on melatonin. Its sedative effect helps relieve stress, Dr. Reiter says, without making you groggy. Two excellent food sources of melatonin are tart cherries, particularly dried varieties, and walnuts. You might also consider taking a melatonin supplement of 1 to 3 mg 20 to 30 minutes before going to bed. This should help you get to sleep, and taking it is perfectly safe, Dr. Reiter claims.



IOWS no dog has ever eaten any homework.

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ɔesn't Know

d reflux may be damaging esophagus.



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Nexium

NEXIUM can heal the damage caused by acid reflux disease.

If you suffer from acid reflux disease — persistent heartburn 2 or more days a week, despite treatment and diet change — you could have damage to your esophagus and not even know it. This damage can occur over time from acid wearing away the lining of the esophagus, and if left untreated, it could get worse. About 1 in 3 people with acid reflux disease have this condition,* called erosive esophagitis. Only your doctor can determine if you have this condition.

However, one prescription NEXIUM pill a day not only can provide 24-hour heartburn relief, but for many, can heal even the most severe erosions in the esophagus caused by acid reflux. Most erosions heal in 4 to 8 weeks. Your results may vary.

NEXIUM has a low occurrence of side effects, which may include headache, diarrhea, and abdominal pain. Symptom relief does not rule out other serious stomach conditions.

Please read the important Product Information about NEXIUM on the adjacent page and discuss it with your doctor.

For a **FREE TRIAL OFFER**, visit **purplepill.com** or call **1-888-PURPLEPILL (888-787-7537)**.

If you are without prescription coverage and can't afford your medication, AstraZeneca may be able to help.

*Source: AstraZeneca Data on File: DA-NEX-58

Nexium®
(esomeprazole magnesium)

AstraZeneca

IMPORTANT INFORMATION ABOUT NEXIUM

Please read this summary carefully and then ask your doctor about NEXIUM.

No advertisement can provide all the information needed to determine if a drug is right for you. This advertisement does not take the place of careful discussions with your doctor. Only your doctor has the training to weigh the risks and benefits of a prescription drug.

WHAT IS NEXIUM?

NEXIUM is a type of medicine called a proton pump inhibitor (PPI) and is used to treat acid reflux disease, also known as gastroesophageal reflux disease (GERD). GERD is a chronic condition that occurs when acid from the stomach backs up into the esophagus (food pipe) causing symptoms, such as heartburn, or changes to the lining of the esophagus. Common symptoms include frequent and persistent heartburn, a sour or bitter taste in the mouth, and difficulty swallowing.

For adults, NEXIUM is prescribed for the treatment of GERD symptoms. NEXIUM may also be prescribed to heal acid-related damage to the lining of the esophagus (known as erosive esophagitis), and to maintain this healing. Studies with NEXIUM did not go beyond 6 months.

For adolescents 12 to 17, NEXIUM is approved for the short-term treatment (up to 8 weeks) of GERD.

NEXIUM is available in two dosage strengths (20 mg and 40 mg). Only your doctor can prescribe the dose that's right for you.

HOW DOES NEXIUM WORK?

The lining of your stomach has millions of special cells. They make acid through "acid pumps." This acid is produced to help digest the food you eat. Sometimes the acid backs up into your esophagus, causing you to feel a burning sensation of heartburn. Over time, acid can wear away or erode the lining of the esophagus. This condition, called erosive esophagitis (or EE), is a more serious effect of acid reflux disease, and only a doctor can determine if you have this damage.

NEXIUM can turn off some of these acid pumps. This reduces the chance of heartburn and other acid reflux disease symptoms. For many people, one NEXIUM pill a day can relieve heartburn symptoms for 24 hours.

For patients with EE, NEXIUM heals most erosions in the esophagus within 4 to 8 weeks. Your results may vary.

WHO SHOULD NOT TAKE NEXIUM?

You should not take NEXIUM if you:

- have ever had an allergic reaction to the active ingredient, esomeprazole magnesium trihydrate
- have ever had an allergic reaction to any of the following inactive ingredients in NEXIUM (including the capsule shells): glyceryl monostearate 40-55, hydroxypropyl cellulose, hypromellose, magnesium stearate, methacrylic acid copolymer type C, polysorbate 80, sugar spheres, talc, triethyl citrate, gelatin, FD&C Blue #1, FD&C Red #40, D&C Red #28, titanium dioxide, shellac, ethyl alcohol, isopropyl alcohol, n-butyl alcohol, propylene glycol, sodium hydroxide, polyvinyl pyrrolidone, and D&C Yellow #10.
- are allergic to any PPI medication
- are younger than 12 years of age
- are pregnant, think you may be pregnant, or are planning to become pregnant
- are breast-feeding

HOW SHOULD I TAKE NEXIUM?

NEXIUM should be taken only when prescribed by a doctor. Follow his or her instructions about when and how to take NEXIUM. If you are unsure or have questions, ask your doctor.

One NEXIUM pill should be taken once per day, or as prescribed by your doctor. Take it at least 1 hour before a meal. Swallow the pill whole. If you have a hard time swallowing the pill, you can empty it into a tablespoon of applesauce. Be sure to eat it right away. Never chew or crush it. Never store it for later use.

WHAT SHOULD I TELL MY DOCTOR BEFORE TAKING NEXIUM?

Before taking your medication, tell your doctor if you:

- are taking any other medication, including any over-the-counter (OTC) medication
- have suffered any allergic reaction to any medication
- have or have had severe liver damage
- are pregnant, think you may be pregnant, or are planning to become pregnant
- are breast-feeding
- are taking a blood thinner (such as Coumadin© or warfarin)
- are taking a drug to treat or prevent fungal infections (such as ketoconazole)
- are taking a drug for HIV treatment called atazanavir

WHAT ARE THE POSSIBLE SIDE EFFECTS OF NEXIUM?

In adults, side effects with NEXIUM may include headache, diarrhea, and abdominal pain.

In adolescents 12-17, side effects with NEXIUM may include headache, diarrhea, abdominal pain and nausea.

NEXIUM may cause other side effects besides those listed here. If you have any side effects or symptoms that you are concerned about, talk with your doctor.

Symptom relief with NEXIUM does not mean other serious stomach conditions do not exist.

HOW SHOULD I STORE NEXIUM?

NEXIUM should be stored at room temperature (25°C, 77°F). Keep your pills in the bottle they c in. Keep the pills away from children. If your do tells you to stop treatment, throw out the pills. D not take your pills after the date of expiration on bottle has passed.

WHERE CAN I GET MORE INFORMATION ABOUT NEXIUM?

Talk to your doctor about NEXIUM. You can obtain full prescribing information and other details by visiting **www.purplepill.com** or calling 1-800-236-9933.

GENERAL ADVICE

It is important to take NEXIUM as prescribed an to discuss any changes you experience while taking NEXIUM with your doctor. You should onl use NEXIUM for a condition for which it has bee prescribed. Do not give NEXIUM to other people even if they have the same medical condition yo have. Keep NEXIUM and all medicines out of the reach of children.

NOTE: This summary provides important information about NEXIUM. For more information, please ask your health care professional or doctor about the full prescribing information and discuss it with him or her.

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Visit **www.purplepill.com**. Or, call the Information Center at AstraZeneca toll-free at **1-800-236-9933.**

Nexium®
(esomeprazole magnesium)

AstraZeneca


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FRUIT OF THE LOOM
Fit for Me
Comfortable, stylish bras and panties specifically tailored for all your wonderful curves.

STRESS SOLUTIONS

STRESS REFLEX #5

"I Take Risks"

DOES UNDER STRESS DO YOU...

- [ ] Smoke or drink more?
- [ ] Get bored easily and seek constant change in jobs clothes and friends?
- [ ] Act impulsively and regret your decisions later?



THERE IS SOMETHING about risky, possibly addictive behavior like smoking and drinking—even excessive shopping—that's effective or you wouldn't be doing it. "The thrill seeker or risk taker is trying to distract herself from something painful or stressful," explains Dr. Pelletier. Risky behavior may indeed work in the short term. But these distracting, unhealthy behaviors won't sustain you for long and can often boomerang, making matters worse. Nicotine in cigarettes, for example, is a stimulant that can provide an immediate, pleasurable jolt but over time it simply adds to your stress levels, especially if you worry about your heart and lung health. With this reflex, the trick is to redirect your desire for change and find a healthier way to distract yourself.

Keep but Tweak: Create a Diversion

If getting a rush or feeling excitement takes your mind off stress, find something else that will be stimulating but in a different way. Engage your mind by signing up for a class to learn a new language. Or take up an adventurous sport, such as skiing or mountain biking, that will get those same nerve endings firing.

Instead Try: Have a Good Laugh

There is no faster way to feel good and be distracted from your troubles than to laugh. And its health benefits go far beyond improving your mood. Laughter reduces the levels of agitating stress hormones and boosts the immune system by increasing antibodies and infection-fighting T cells.

Even better, laughter doesn't have to be genuine to work. "The brain and the body can't tell whether the laughter is real or not," says Francine Shore, who leads two weekly laughter therapy groups in New York City; there are 5,000 such clubs that meet regularly around the world. Laughter clubs gather people together to make the sounds of laughter (*ha ha ha, ho ho ho*) and the gestures (slapping thighs and acting silly) to reap the medical benefits. "Just smiling releases endorphins," Shore advises. "Try frowning and then smiling—you'll see which feels better." So go to a funny movie or a comedy club and laugh out loud. Or look for a laughter club near you (check out *www.laughteryoga.org*).

10-SECOND PAUSE BUTTON: INTERRUPT YOUR STRESS REFLEX

Ever wish you could just hit a pause button to keep from blowing up or eating that whole pint of ice cream? You can. "The key to changing your unhealthy response to stress is to interrupt it," says Russ Newman, Ph.D., executive director for professional practice at the American Psychological Association. The instant you sense you're entering stressful territory, count to 10, breathing in through your nose to the count of five and exhaling slowly through your mouth to the count of five, focusing only on the sound of your breath. Just 10 seconds (no one will even notice this pause) can be enough time to get you past that feeling of losing control.

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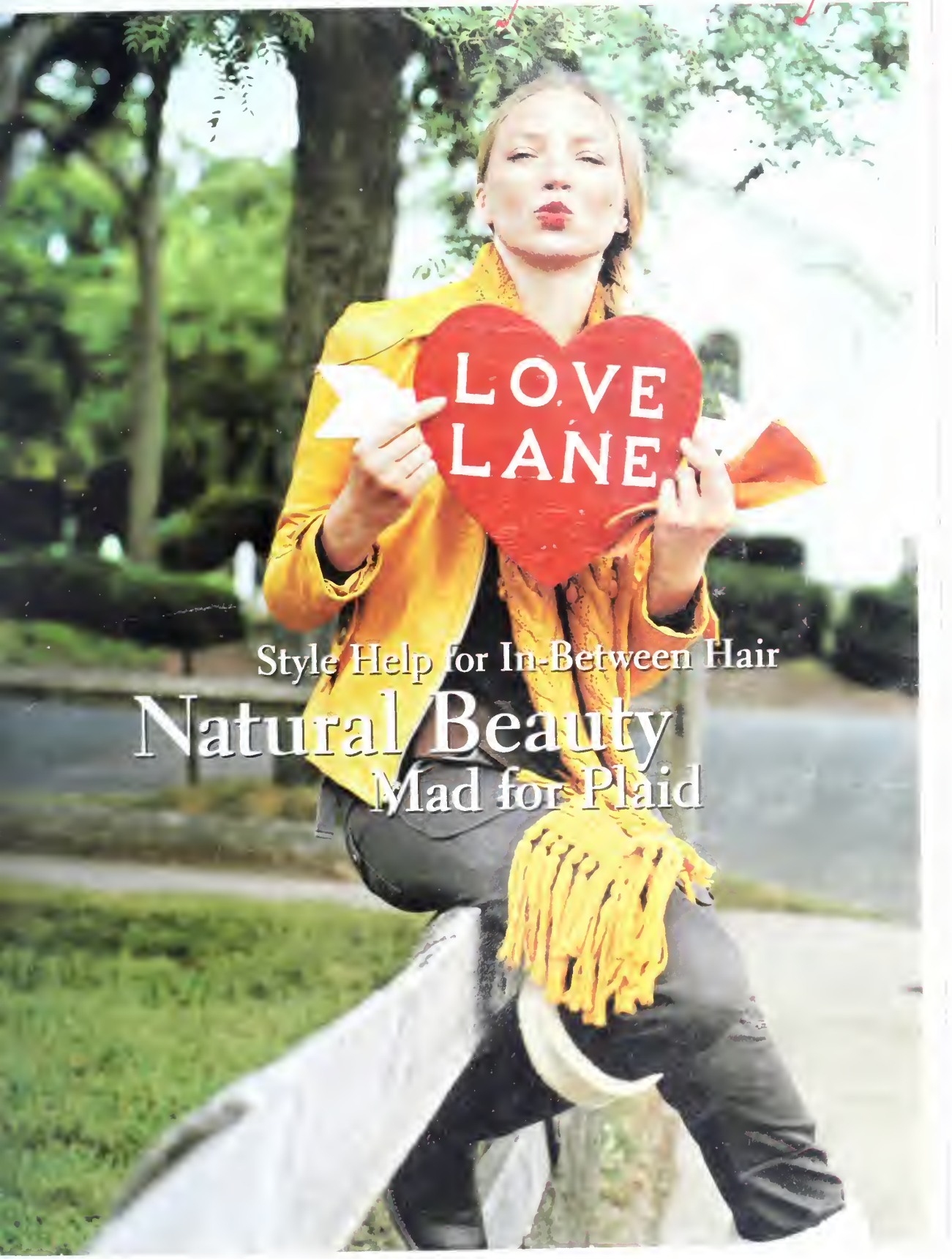
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Vanilla
1 PERFECT MOMENT. 1 PERFECT CUP.



dove pro·age beauty body lotion.
dove pro·age. beauty has no age limit.

dove pro·age skin

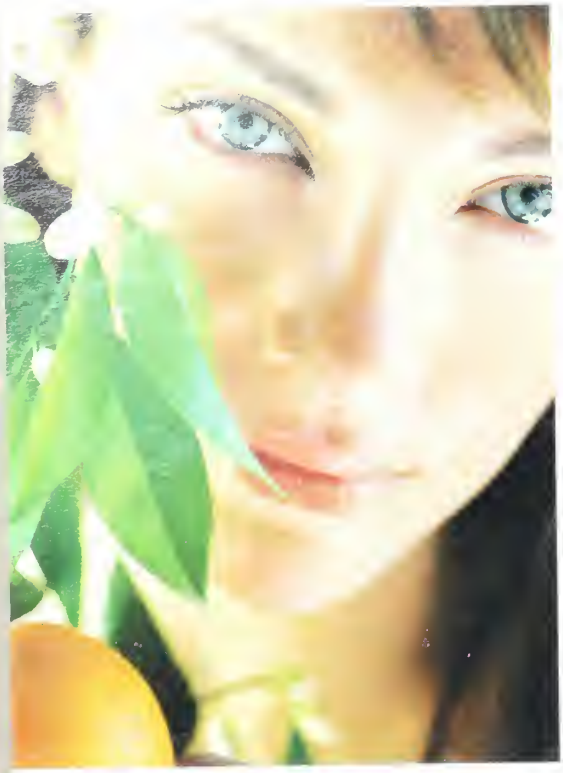


Style Help for In-Between Hair

Natural Beauty

Mad for Plaid

WWW.LHJ.COM



BEAUTY GLOSSARY:

USDA Organic Seal

What does it mean? The USDA is now bestowing this seal on beauty products that are composed of 95 percent organic ingredients. Rest assured that these ingredients were produced, manufactured and handled under strict guidelines, including environmentally friendly practices.

Find it: Six of the nine items in Origins' Organics collection for hair, skin and body bear the seal. These include face lotion, lip balm, hair oil and body spritz ranging from $15 to $42.50. Nature's Gate Rainwater Organics Lotions, $7.99, are scented with organic essential oils. Look for more brands to go green in the coming year!

PATRICIA'S PICK

A MODERN-DAY SCENT

Given the chance, my mother would bathe in Christian Dior's Poison, the fragrance that caused a sensation in the late 1980s, but I'm not as much in love with its heady scent. But th new spin-off, Midnight Poison, i definitely more me. Patchouli, black rose and amber are the ke notes, making it as sexy as the original but with a younge vibe. Come to think of it, my mother will likely want to bathe in this, too! Midnight Poison, $45 at Sephora.



Beauty Director Patricia Reynoso

ENTER TO WIN OUR FAMILY STYLE MAKEOVER CONTEST!

For each of the past four years we've pored over hundreds of entries and picked one lucky family to receive a trip to New York City, including a full beauty and fashion transformation featured in these pages. Now it's your turn to enter the fifth annual *Ladies' Home Journal* Family Style Makeover Contest!

Tell us in an essay of 250 words or less why your family is in need of a style makeover. Do you always reach for the same clothing? Are you stuck in a beauty rut? We also need one recent snapshot of your family (up to six members). Next, fill out the entry form (below left). All entry materials must be original and unpublished and may not have already won any prize or award. Mail essay, photo and entry form to *Ladies' Home Journal* Family Style Makeover Contest, 375 Lexington Avenue, 9th Floor, New York, NY 10017, or enter online at *www.lhj.com/familystyle*. Contest begins 9/11/07 and ends 12/11/07. Online enties must be received by 11:59 P.M. E.T. on 12/11/07. Mail entries must be postmarked by 12/11/07 and received by 12/18/07. Person submitting entry must be legal U.S. resident, 21 years or older. Void where prohibited. No purchase necessary to enter or win. One entry per family. Sponsor: Meredith Corporation, Des Moines, Iowa. For official rules, go to *www.lhj.com/familystyle*.

Mail to: *Ladies' Home Journal* Family Style Makeover Contest, 375 Lexington Avenue, 9th Floor, New York, NY 10017

Name: _____

Address: _____

_____

Daytime telephone: _____ **Age:** _____

E-mail address: _____

Occupation: _____

If married, husband's name, age, occupation: _____

_____

If children, names and ages: _____

_____

Check out previous Family Style Makeover winners at www.lhj.com/familystyle

Where to Find It, page 21

The true magic

of forests is that even when you leave them,

you never really do.



From the wood in our homes to the paper at the office, it's amazing how often forests touch all of our lives. Maybe you're wondering, if we use so many of these products, will there be enough trees for future generations? Yes, if we balance the needs of nature with our needs. That's why the people of the wood and paper products industry plant more than 1.7 million new trees every day, work to protect wildlife habitats and encourage recycling. So while this day may not last forever, at least our forests can. Learn more and see what you can do at:

abundantforests.org

Abundant Forests Alliance

Renew. Reuse. Respect.℠



The New Naturals

The latest makeup colors for eyes, cheeks and lips deliver understated glamour

It used to be that whenever the term *neutral* was used to describe makeup colors, shades of brown, beige, taupe, maybe gray immediately sprang to mind. The texture was usually matte and lifeless, and though the palette was foolproof, it certainly wasn't exciting. Boy, have times changed! Today's neutral shades are not only among the most flattering of the bunch, but their sheer textures, deep pigments and expanded color range mean you'll look like yourself, but infinitely better.

"A neutral color is anything that you can't identify as being strong or bright," explains Chantel Miller, a senior makeup artist for MAC. "You just can't do fantastic color today without a great neutral."

Turn the page to find the best hue for your eyes, cheeks and lips, all in wearable new formulas and sophisticated textures. CONTINUED



Vitamin D is more important than
many of us thought. It's the
key to calcium absorption. Caltrate
has advanced levels of vitamin D
to help your body absorb calcium.
The result: a Caltrate that works
to keep your bones and
your heart strong.*

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*The key to strong bones.**

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600+D
Calcium Supplement



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Where to Find It, page 213

Eyes



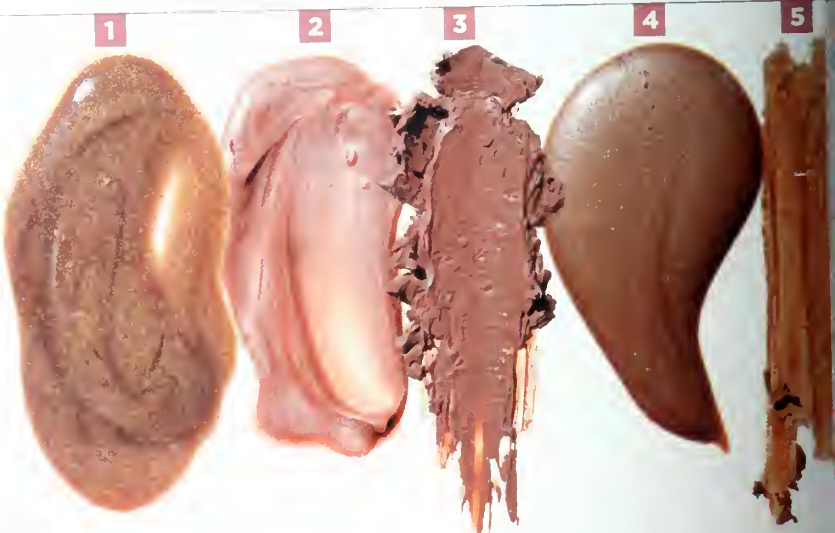
1 CoverGirl LineExact Liquid Liner Pen in Brown, $5.99. Thanks to the flexible felt tip, you control the line's thickness.
2 The Balm Overshadow in If You're Rich, I'm Single, $14. Pure minerals impart a supernatural-looking finish.
3 Urban Decay Liquid Liner in Smog, $18. This olive shade with subtle gold shimmer is both soft and sexy.
4 Stila Moss Agate Palette, $32. Shades for your lid, crease and lashline (plus blush, not pictured) deliver myriad looks.
5 Mally Eyepopper in Copperlight, $19.50. Intensify any hue with a dab of this terra-cotta shadow wand.

Cheeks



1 L'Oréal Paris Bare Naturale All-Over Mineral Glow in Honey Glow, $15.25. It's a quick pick-me-up in a mineral formula.
2 Laura Geller Bronze-N-Brighten, $28. The beige, white and pink swirls in this bronzer wake up all skin tones.
3 Estée Lauder Tender Blush Sheer Stick in Rose, $25. This creamy blush delivers a real-skin finish.
4 Prescriptives Colorscope Cheek Color in Petal and Colorscope Highlighter in Cool Light, $17.50 each. One shade adds rosiness; the other illuminates cheekbones.
5 Lorac Oil-Free Luminizer in Gold L2, $28. Mix this gold-flecked liquid with foundation or dab it on your brow bones.

Lips



1 CoverGirl Wetslicks Fruit Spritzers in Cool Cocoa Mint, $5.99. Nonsticky, high shine, sheer color—what's not to like?
2 Bourjois La Crème De Lèvres Lip Cream in Rose Voluptueux, $16. You'll relish its macadamia and sweet-almond oils.
3 Bare Escentuals' bareMinerals 100% Natural Lipcolor in Maple Syrup, $15. It's a classic hue with pomegranate seed-oil extract.
4 L'Oreal Paris Infallible Never Fail Lipcolor in Ginger, $11.99. This lipstick and gloss-stick duo stays put for hours.
5 DuWop Liptones in Cadence, $18. Run this pale-peach shade over lips and top with gloss or lipstick. —*Patricia Reynoso*

Trouble sleeping?

Most sleep aids only help you fall asleep

AMBIEN CR helps you fall asleep and **stay asleep***



Take advantage of our 7-DAY FREE TRIAL OFFER.

Visit AmbienCR.com or call 1-800-581-4576.

AMBIEN CR is indicated for the treatment of insomnia.

*Proven effective for up to 7 hours in clinical studies.

Important Safety Information

AMBIEN CR is a treatment option you and your healthcare provider can consider along with lifestyle changes and can be taken for as long as your provider recommends. Until you know how AMBIEN CR will affect you, you shouldn't drive or operate machinery. Be sure you're able to devote 7 to 8 hours to sleep before being active again. Sleepwalking, and eating or driving while not fully awake, with amnesia for the event, have been reported. If you experience any of these behaviors contact your provider immediately. In rare cases, sleep medicines may cause allergic reactions such as swelling of your tongue or throat, shortness of breath or more severe results. If you have an allergic reaction while using AMBIEN CR, contact your doctor immediately. Side effects may include next-day drowsiness, dizziness and headache. It's non-narcotic; however, like most sleep medicines, it has some risk of dependency. Don't take it with alcohol.

AMBIEN CR
ZOLPIDEM TARTRATE EXTENDED RELEASE
6.25 MG & 12.5 MG EXTENDED RELEASE TABLETS

Please see important patient information on adjoining page.

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INFORMATION FOR PATIENTS
Ambien CR™ ©
(zolpidem tartrate extended-release) tablets

AMBIENC
(ZOLPIDEM TARTRATE EXTENDED RELEASE)
6.25-MG & 12.5-MG EXTENDED RELEASE TAB

INFORMATION FOR PATIENTS TAKING AMBIEN CR

Your doctor has prescribed Ambien CR to help you sleep. The following information is intended to guide you in the safe use of this medicine. It is not meant to take the place of your doctor's instructions. If you have any questions about Ambien CR tablets be sure to ask your doctor or pharmacist.

Ambien CR is used to treat different types of sleep problems, such as:

- trouble falling asleep
- waking up often during the night

Some people may have more than one of these problems.

Ambien CR belongs to a group of medicines known as the "sedative/hypnotics", or simply, sleep medicines. There are many different sleep medicines available to help people sleep better. Sleep problems are usually temporary, requiring treatment for only a short time, usually 1 or 2 days up to no more than 2 weeks. Some people have chronic sleep problems that may require more prolonged use of sleep medicine. However, you should not use these medicines for long periods without talking with your doctor about the risks and benefits of prolonged use.

SIDE EFFECTS

Most common side effects:

- Headache
- somnolence (sleepiness)
- dizziness

You may find that these medicines make you sleepy during the day. How drowsy you feel depends upon how your body reacts to the medicine, which sleep medicine you are taking, and how large a dose your doctor has prescribed. Daytime drowsiness is best avoided by taking the lowest dose possible that will still help you sleep at night. Your doctor will work with you to find the dose of Ambien CR that is best for you.

To manage these side effects while you are taking this medicine:

- When you first start taking Ambien CR or any other sleep medicine until you know whether the medicine will still have some carryover effect in you the next day, use extreme care while doing anything that requires complete alertness, such as driving a car, operating machinery, or piloting an aircraft.
- NEVER drink alcohol while you are being treated with Ambien CR or any sleep medicine. Alcohol can increase the side effects of Ambien CR or any other sleep medicine.
- Do not take any other medicines without asking your doctor first. This includes medicines you can buy without a prescription. Some medicines can cause drowsiness and are best avoided while taking Ambien CR.
- Always take the exact dose of Ambien CR prescribed by your doctor. Never change your dose without talking to your doctor first.

SPECIAL CONCERNS

There are some special problems that may occur while taking sleep medicines:

"Sleep-Driving" and other complex behaviors: There have been reports of people getting out of bed after taking a sleep medicine and driving their cars while not fully awake, often with no memory of the event. If you experience such an event, it should be reported to your doctor immediately, since "sleep-driving" can be dangerous. This behavior is more likely to occur when Ambien CR is taken with alcohol or other drugs such as those for the treatment of depression or anxiety. Other complex behaviors such as preparing and eating food, making phone calls, or having sex have been reported in people who are not fully awake after taking a sleep medicine. As with "sleep-driving", people usually do not remember these events.

Memory problems: Sleep medicines may cause a special type of memory loss or "amnesia." When this occurs, a person may not remember what has happened for several hours after taking the medicine. This is usually not a problem since most people fall asleep after taking the medicine.

Memory loss can be a problem, however, when sleep medicines are taken while traveling, such as during an airplane flight and the person wakes up before the effect of the medicine is gone. This has been called "traveler's amnesia."

Be sure to talk to your doctor if you think you are having memory problems. Although memory problems are not very common while taking Ambien CR, in most instances, they can be avoided if you take Ambien CR only when you are able to get a full night's sleep (7 to 8 hours) before you need to be active again.

Tolerance: When sleep medicines are used every night for more than a few weeks, they may lose their effectiveness to help you sleep. This is known as "tolerance." Sleep medicines should, in most cases, be used only for short periods of time, such as 1 or 2 days and generally no longer than 1 or 2 weeks. If your sleep problems continue, consult your doctor, who will determine whether other measures are needed to overcome your sleep problems.

Dependence: Sleep medicines can cause dependence, especially when these medicines are used regularly for longer than a few weeks or at high doses. Some people develop a need to continue taking sleep medicines. This is known as dependence or "addiction."

People who develop dependence may have difficulty stopping the sleep medicine. If the medicine is suddenly stopped, the body is not able to function normally and unpleasant symptoms may occur. This is *withdrawal*. They may find that they have to keep taking the medicines either at the prescribed dose or at increasing doses just to avoid withdrawal symptoms.

All people using sleep medicines have some risk of becoming dependent on the medicine. However, people who have been dependent on alcohol or other drugs in the past may have a higher chance of [illegible] to sleep medicines. This possibility must be considered before using these [illegible] for a few weeks.

If you have been addicted to alcohol or drugs in the past, it is important to tell your doctor before starting Ambien CR or any sleep medicine.

Withdrawal: Withdrawal symptoms may occur when sleep medicines are stopped suddenly after used daily for a long time. In some cases, these symptoms can occur even if the medicine has been for only a week or two.

In mild cases, withdrawal symptoms may include unpleasant feelings. In more severe cases, abdominal and muscle cramps, vomiting, sweating, shakiness, and rarely, seizures may occur. These more withdrawal symptoms are very uncommon.

Another problem that may occur when sleep medicines are stopped is known as "rebound insomnia." This means that a person may have more trouble sleeping the first few nights after the medicine is stopped than before starting the medicine. If you should experience rebound insomnia, do not be discouraged. This problem usually goes away on its own after 1 or 2 nights.

If you have been taking Ambien CR or any other sleep medicine for more than 1 or 2 weeks, do not stop taking it on your own. Always follow your doctor's directions.

Changes in behavior and thinking: Some people using sleep medicines have experienced unusual changes in their thinking and/or behavior. These effects are not common. However, they have included:

- more outgoing or aggressive behavior than normal
- confusion
- strange behavior
- agitation
- hallucinations
- worsening of depression
- suicidal thoughts

How often these effects occur depends on several factors, such as a person's general health, the other medicines, and which sleep medicine is being used.

It is also important to realize that it is rarely clear whether these behavior changes are caused by medicine, an illness, or occur on their own. In fact, sleep problems that do not improve may be illnesses that were present before the medicine was used. If you or your family notice any changes in your behavior, or if you have any unusual or disturbing thoughts, call your doctor immediately.

Pregnancy: Sleep medicines may cause sedation of the unborn baby when used during the last of pregnancy.

Be sure to tell your doctor if you are pregnant, if you are planning to become pregnant, or become pregnant while taking Ambien CR.

SAFE USE OF SLEEPING MEDICINES

To ensure the safe and effective use of Ambien CR or any other sleep medicine, you should observe the following cautions:

1. Ambien CR is a prescription medicine and should be used ONLY as directed by your doctor. Follow your doctor's instructions about how to take, when to take, and how long to take Ambien CR. Ambien CR tablets should not be divided, crushed, or chewed, and must be swallowed whole.
2. Never use Ambien CR or any other sleep medicine for longer than directed by your doctor.
3. If you develop an allergic reaction such as rash, hives, shortness of breath or swelling of your lips or throat when using Ambien CR or any other sleep medicine, discontinue Ambien CR or other sleep medicine immediately and contact your doctor.
4. If you notice any unusual and/or disturbing thoughts or behavior during treatment with Ambien CR or any other sleep medicine, contact your doctor.
5. Tell your doctor about any medicines you may be taking, including medicines you may buy without a prescription. You should also tell your doctor if you drink alcohol. DO NOT use alcohol while taking Ambien CR or any other sleep medicine.
6. Do not take Ambien CR unless you are able to get a full night's sleep before you must be active again. For example, Ambien CR should not be taken on an overnight airplane flight of less than 7 to 8 hours since "traveler's amnesia" may occur.
7. Do not increase the prescribed dose of Ambien CR or any other sleep medicine unless instructed by your doctor.
8. When you first start taking Ambien CR or any other sleep medicine, until you know whether the medicine will still have some carryover effect in you the next day, use extreme care while doing anything that requires complete alertness, such as driving a car, operating machinery, or piloting an aircraft.
9. Be aware that you may have more sleeping problems the first night after stopping Ambien CR or any other sleep medicine.
10. Be sure to tell your doctor if you are pregnant, if you are planning to become pregnant, or if you become pregnant while taking Ambien CR or any other sleep medicine.
11. As with all prescription medicines, never share Ambien CR or any other sleep medicine with anyone else. Always store Ambien CR or any other sleep medicine in the original container that you received it in and store it out of reach of children.
12. Ambien CR works very quickly. You should only take Ambien CR right before going to bed or when ready to go to sleep.

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The Eyes Have It

30 Rock star Jane Krakowski shares the secret to dazzling peepers

Many people know Jane Krakowski for her hilarious turn as scheming blonde Jenna Maroney on the hit NBC comedy *30 Rock*, but making audiences laugh isn't her only talent—she's just as skilled at playing up her naturally gorgeous looks with a few fabulous makeup tricks. "I'm a big makeup girl," says Krakowski, 39, "probably because I did a lot of theater, and in the theater you have to do it yourself."

Whether she's doing her own makeup or working with a professional, the focus is always the same for this Tony Award–winning actress. "My eyes are the main feature that I like to bring out," she explains. "I'm really into lashes right now, making mine as black as possible." Krakowski uses multiple coats of mascara for definition, but she forgoes lash curling. "It doesn't work as well for me, because my lashes tend to curl a bit naturally. It ends up cramping them instead of keeping them long." When it comes to shadow, it's all about using shades that will make her blue eyes look even bluer. "I go for neutral shades, and I tend to choose browns with more red in them because they make blue eye color pop. I didn't know about this for a really long time, and I wish I had learned it years ago!"

—Alison White

Get the Look

Brown shadows look great with all eye colors; the trick is finding the right hue. Green-eyed gals stand out in warm shades of brown, such as golden taupe and camel, while brown-eyed beauties can carry off darker, richer tones, such as sable and mocha.

- Pür Minerals Triple Impact Mascara, $16.50, works to lengthen, thicken and curl lashes.
- Almay Intense i-Color Bring Out Powder Shadow, $7.49, has shades for every eye color.
- Make an impact with MAC Kohl Power in Raven, $13.50, a pearly black liner.
- If your lashes need a lift, try Kevyn Aucoin the Eyelash Curler, $20.

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What skin needs.

IS YOUR HAIR HAVING GROWING PAINS?

Here, easy style solutions to get you through the awkward stages of growing out, going long or losing layers

FROM SHOULDER LENGTH TO LONG & LOVELY

Long hair is sexy and überfeminine and offers myriad styling options, depending on your mood and the occasion. Mid-length hair, meanwhile, looks fresh and classic when it hits above the shoulders, but as soon as it gets just a bit longer, the ends tend to flip up and resist laying flat. The secret to gaining those crucial few inches, however, may surprise you.

You may be tempted to shun the salon, but that's a big no-no. "Your hair's shape changes as it gets longer, so you need regular trims to adjust volume and balance weight," says Patrick Melville, celebrity hairstylist and New York City salon owner. Otherwise, you can get a "mushroom effect" when the bottom becomes too wide, he adds. Schedule a haircut every two to three months, even if you get as little as a quarter-inch trimmed off.

Also, it's normal to feel as if the final few inches take the longest to grow. "It can feel like those last five pounds of weight you can never lose," sympathizes Louise O'Connor, owner of OC61 Salon, in New York City. You still have a decent amount of length to play with for completely different looks, so get styling!

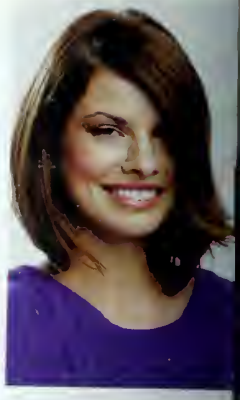
TRICKS TO TIDE YOU OVE



The Texture Trick
If your hair is straight, apply mousse and blow-dry. Wrap sections around a curling iron for waves. If your hair is curly or wavy, use a straightening cream or serum, then blow-dry.



The Pretty Ponytail
Create texture by scrunching mousse into dry hair. Pull hair back and secure with a decorative ponytail holder. Allow shorter pieces to softly frame the face.



The Part Switch
Parting your hair on the opposite side from where you'd normally wear it instantly changes your whole look. You'll get loads of volume, too. Lightly mist with shine serum for a glossy finish.

HAIR HELPERS



Curlmaster Dual-Heat Spring Iron ¾", $6.99



John Frieda Collection Frizz-Ease 100% Shine Glossing Mist, $5.99



VO5 Weightless Volumizing Mousse, $3.49



Jane Tran Horn Ponytail Holder in Natural Carnelian, $30



PHOTOGRAPHED BY MARLENA BIELINSKA STYLED BY CA ER WRITTEN BY ERICA METZGER



The Growing Season

According to Kingsley, when your metabolism speeds up in the summer, your hair grows faster, and vice versa in the winter. Though you can't control the seasons, you can stimulate your hair follicles. "Regular scalp massages can boost hair growth by 5 percent," reports Kingsley. Gently knead your scalp for 30 seconds when you shampoo.

O LONG, SHORTY!

cropped do is girlish *and* grown-up—it's also one of the asiest cuts to style, says Sean James, consulting celeb- ty stylist for Garnier Fructis. The short layers in the ont give hair volume and texture and, just as important, 's the ideal length for our busy lives. The catch is that gular trims (at least every eight weeks) are needed to aintain its shape.

This is why transitioning into a different short hair- yle, such as a bob, is a challenge. "It's tough because ie layers tend to grow out awkwardly and unevenly," otes O'Connor.

Tough, perhaps, but not impossible. As Melville ex plains, the trick is to reverse the weight of the hair. "With a bob, the weight is in the front, so you need to create the illusion that the back is shorter and the front is longer," he notes. Your stylist should cut layers in the back; as the shorter front layers grow, the two will eventually meet.

Growing out this style will take time (at least six to eight months), so hang in there. "Just when you think your hair is at its worst point, it turns the corner," says Melville. In the meantime, rely on these styling ideas, products and tools for making your hair easier to live with.



The Messy Updo
Apply styling wax through dry hair, oughing up the texture with your ingers as you go. Pin back the ongest layers and let the shorter ieces fall on your face.



The Smooth Down
Apply gel to damp hair and loosely blow-dry, styling with your fingers or a brush. Once hair is dry, use a straightening iron on small sections for the sleekest look possible



The Slicked-Back Top
When hair is nearly dry, layer a strong-hold gel from root to tip. Aim the blow-dryer s nozzle at the hairline to direct the hair back. Secure the look with the dryer's cool-shot button.

HAIR HELPERS



Fekkai Coiff Nonchalant Piecing and Forming Wax, $23



Garnier Fructis Style Play Style Liquid Spray Gel, $3.99



Revlon Tourmaline Heat Nano Ceramic 1 ¾" Straightener, $39.99



Conair Ionic Lightweight Styler, $29.99


AFTER
Bang Free
Hair grows about a half-inch per month, so you can expect to banish your bangs within four to six months.
BEFORE

YE-BYE, BANGS!

ngs put the focus on your eyes, soften the overall look your features and conceal forehead lines and furrows. espite these lovely fringe benefits, however, it takes a sur- ising amount of effort to wear bangs well, from frequent ims to straightening your hair to prevent the unflattering url under." Let's face it: Who has the time?

The ideal way to grow out your bangs is to coax them to longer, face-framing layers, so you'll end up with a ore-versatile look that requires less maintenance. You can't on a scissor strike, though. Instead, you need strategic shaping to get you into your next style much faster. "Ask your stylist to trim your bangs diagonally, instead of straight across, and have him texturize or thin them to soften the heaviness," recommends James. "Once you push them to the side, they'll be encouraged to grow in the direction you want the eventual layers to fall."

For those frustrating weeks when you're between cuts, and your bangs fall into your eyes or the length hits an odd place, count on these style strategies and essential tools to make every day a good-hair day.



he Side Stroke
lake a side part: Long bangs can ork in a deep side part but short nes should stay close to your atural part. Set with hair spray and ip with an elegant barrette.



The Pushover
Sweep bangs off your forehead with a wide headband or two skinny ones worn slightly staggered. Tease hair at the crown for extra height, which will keep this look fashionable, not frumpy.



The Pinup
Lift your bangs and tease them at the root with a comb. Push them back against your head and secure with bobby pins. Smooth flyaways with styling cream and set with hair spray

HAIR HELPERS



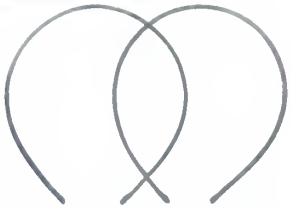
Charles Wahba Tortoise Barrette, $15 for two



Pantene Pro-V Silkening Transformation Crème, $3.99



Marc Anthony Pro Finish Hairspray, $7.99



Goody Haute Society Sleek Satin Headband, $4.99 each

LHJ.com **For a gallery of gorgeous medium-length hairstyles, go to www.lhj.com/medium**

IT'S A *Plaid, Plaid* WORLD

FROM HATS TO HOSIERY, BAGS TO BLOUSES, YOU'LL FIND YOURSELF MAD ABOUT PLAID

WRITTEN AND STYLED BY SUE ERNET



1 Even neutral plaids usually have brighter tones woven in, like the turquoise and citron in this brown-and-camel coat. For an easy way to add a little punch to your outfit, pair the plaid piece with corresponding colorful underpinnings. Coat, Tapemeasure, $129.



2 Big and bold, plaid is back, as in this ruffled chiffon blouse layered with a masculine check but feminine-shaped jacket. Or for just a touch of plaid, add these plastic plaid-print bracelets. Blouse, Lauren by Ralph Lauren, $139. Bracelets, Stephan & Co.



3 Only brave enough for a single piece of this vivid weave? Try an oversize duffel and match your outfit with the colors that appear in the plaid. Duffel, Mango Tree at Not-anonymous, $145.

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L'OREAL

4 Tartan renders this toggle coat especially versatile, since it can be worn with the pearl gray, bright red and classic black that make up its pattern. Coat, Tommy Hilfiger, $229.

5 This classic wool bucket hat is refreshingly new, thanks to a chunky-knit navy band that will make it a perennial favorite. Hat, Hat Attack, $66.

6 Make 9-to-5 cutting-edge modern by pairing this swing jacket with bracelets of bright-plaid ribbons and metal. Jacket, DKNY Jeans, $89. Chain bracelet, $130, and cuff, $120, both Ben-Amun.

7 Try these black-and-plum-print tights for a saucy, surprising jolt to a simple ensemble. Tights, Hue, $18.









Where to Find It, page 213

VYTORIN treats the 2 sources of cholesterol.





nd VYTORIN was proven in clinical studies to lower bad cholesterol more than Crestor alone, more than Lipitor alone.

lk to your doctor about treating the 2 sources of olesterol, food and family, with VYTORIN. Only TORIN treats the 2 sources by helping to block cholesterol at comes from food and reducing the cholesterol your body akes naturally, based on family history. That's because ly VYTORIN contains two cholesterol medicines, *Zetia* etimibe) and *Zocor* (simvastatin), in a single tablet. And TORIN was proven in clinical studies to lower bad DL) cholesterol more than *Zocor* alone, more than *Lipitor* ne, and more than *Crestor* alone.

s important to eat a healthy diet and to stay active. But your cholesterol is still not where it should be, ask about eating the 2 sources of cholesterol. Ask your doctor if ding VYTORIN would be right for you.

Important Information: VYTORIN is a prescription tablet and isn't right for everyone, including women who are nursing or pregnant or who may become pregnant, and anyone with liver problems.

Unexplained muscle pain or weakness could be a sign of a rare but serious side effect and should be reported to your doctor right away. VYTORIN may interact with other medicines or certain foods, increasing your risk of getting this serious side effect. So tell your doctor about any other medications you are taking.

Please read the Patient Product Information on the adjacent page.

To learn more, call 1-877-VYTORIN or visit vytorin.com.

Schering-Plough Patient Assistance Program

nd out if you qualify, call 1 800 347 7503

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VYTORIN® (ezetimibe/simvastatin) tablets

Patient Information about VYTORIN (VI-tor-in)
Generic name: ezetimibe/simvastatin tablets

Read this information carefully before you start taking VYTORIN. Review this information each time you refill your prescription for VYTORIN as there may be new information. This information does not take the place of talking with your doctor about your medical condition or your treatment. If you have any questions about VYTORIN, ask your doctor. Only your doctor can determine if VYTORIN is right for you.

What is VYTORIN?

VYTORIN is a medicine used to lower levels of total cholesterol, LDL (bad) cholesterol, and fatty substances called triglycerides in the blood. In addition, VYTORIN raises levels of HDL (good) cholesterol. It is used for patients who cannot control their cholesterol levels by diet alone. You should stay on a cholesterol-lowering diet while taking this medicine.

VYTORIN works to reduce your cholesterol in two ways. It reduces the cholesterol absorbed in your digestive tract, as well as the cholesterol your body makes by itself. VYTORIN does not help you lose weight.

Who should not take VYTORIN?

Do not take VYTORIN:

- If you are allergic to ezetimibe or simvastatin, the active ingredients in VYTORIN, or to the inactive ingredients. For a list of inactive ingredients, see the "Inactive ingredients" section at the end of this information sheet.
- If you have active liver disease or repeated blood tests indicating possible liver problems.
- If you are pregnant, or think you may be pregnant, or planning to become pregnant or breast-feeding.

VYTORIN is not recommended for use in children under 10 years of age.

What should I tell my doctor before and while taking VYTORIN?

Tell your doctor right away if you experience unexplained muscle pain, tenderness, or weakness. This is because on rare occasions, muscle problems can be serious, including muscle breakdown resulting in kidney damage.

The risk of muscle breakdown is greater at higher doses of VYTORIN.

The risk of muscle breakdown is greater in patients with kidney problems.

Taking VYTORIN with certain substances can increase the risk of muscle problems. It is particularly important to tell your doctor if you are taking any of the following:

- cyclosporine
- danazol
- antifungal agents (such as itraconazole or ketoconazole)
- fibric acid derivatives (such as gemfibrozil, bezafibrate, or fenofibrate)
- the antibiotics erythromycin, clarithromycin, and telithromycin
- HIV protease inhibitors (such as indinavir, nelfinavir, ritonavir, and saquinavir)
- the antidepressant nefazodone
- amiodarone (a drug used to treat an irregular heartbeat)
- verapamil (a drug used to treat high blood pressure, chest pain associated with heart disease, or other heart conditions)
- large doses (≥1 g/day) of niacin or nicotinic acid
- large quantities of grapefruit juice (>1 quart daily)

It is also important to tell your doctor if you are taking coumarin anticoagulants (drugs that prevent blood clots, such as warfarin).

Tell your doctor about any prescription and nonprescription medicines you are taking or plan to take, including natural or herbal remedies.

Tell your doctor about all your medical conditions including allergies.

Tell your doctor if you:

- drink substantial quantities of alcohol or ever had liver problems. VYTORIN may not be right for you.
- are pregnant or plan to become pregnant. Do not use VYTORIN if you are pregnant, trying to become pregnant or suspect that you are pregnant. If you become pregnant while taking VYTORIN, stop taking it and contact your doctor immediately.
- are breast-feeding. Do not use VYTORIN if you are breast-feeding.

Tell other doctors prescribing a new medication that you are taking VYTORIN.

How should I take VYTORIN?

- Take VYTORIN once a day, in the evening, with or without food.
- Try to take VYTORIN as prescribed. If you miss a dose, do not take an extra dose. Just resume your usual schedule.
- Continue to follow a cholesterol-lowering diet while taking VYTORIN. Ask your doctor if you need diet information.
- Keep taking VYTORIN unless your doctor tells you to stop. If you stop taking VYTORIN, your cholesterol may rise again.

What should I do in case of an overdose?

Contact your doctor immediately.

What are the possible side effects of VYTORIN?

See your doctor regularly to check y cholesterol level and to check for sid effects. Your doctor may do blood te to check your liver before you start taking VYTORIN and during treatme

In clinical studies patients reported t following common side effects whil taking VYTORIN: headache and mus pain (see What should I tell my doct before and while taking VYTORIN?).

The following side effects have bee reported in general use with either ezetimibe or simvastatin tablets (tab that contain the active ingredients o VYTORIN):

- allergic reactions including swelli of the face, lips, tongue, and/or th that may cause difficulty in breath or swallowing (which may require treatment right away), rash, hives joint pain; muscle pain; alteration in some laboratory blood tests; liver problems; inflammation of the pancreas; nausea; gallstones inflammation of the gallbladder.

Tell your doctor if you are having th or any other medical problems whil on VYTORIN. This is not a complete of side effects. For a complete list, a your doctor or pharmacist.

General Information about VYTORI

Medicines are sometimes prescribe for conditions that are not mentione in patient information leaflets. Do n use VYTORIN for a condition for whi was not prescribed. Do not give VYTO to other people, even if they have the s condition you have. It may harm th

This summarizes the most importan information about VYTORIN. If you would like more information, talk w your doctor. You can ask your pharma or doctor for information about VYTO that is written for health profession For additional information, visit the following web site: vytorin.com.

Inactive ingredients:
Butylated hydroxyanisole NF, citric acid monohydrate USP, croscarmell sodium NF, hydroxypropyl methyl-cellulose USP, lactose monohydrate magnesium stearate NF, microcrystal cellulose NF, and propyl gallate NF.

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POINT OF HUE

Color your world this fall, and you'll go from work to weekend with style and flair

This page: Add subtle drama to your fall wardrobe with the help of muted tones, like the dusty-plum accents shown here. When worn with a light-taupe satin trench coat, a twinset and soft-rose accessories impart a hint of romance to your look. Cardigan, $69, crewneck, $44, both United Colors of Benetton. Trench, Simply Vera Vera Wang, $128. Pants, DKNY Jeans, $69. Scarf, Echo, $48. Gloves, La Crasia, $100. Bracelet, Stephan & Co., $25. Boots, Stuart Weitzman. Bag, Lumi at Notanonymous.

Opposite page: Packing for a picnic with friends just got brighter! Here, fall's new favorite color, lemony citron, works wonders when grounded in complementary neutrals like chocolate brown and beige. Whether styled as a casual look with a cotton jersey neon-yellow skirt and rich-brown fleece peacoat, or polished for work with a smart taupe dress and lemon accessories, this color combination is bold yet practical. Left: Skirt, Norma Kamali for Everlast, $110. Purple turtleneck, J.Crew, $39.50. Brown turtleneck, Boden, $68. Jacket, Gap, $59.50. Tights, Hue, $18. Boots, Delman. Right: Sweater, Mai, Dress, Banana Republic, $148. Scarf, Echo, $48. Bangles, Stephan & Co., $20 each. Tights, Sockman, $14. Boots, Banana Republic, $198. Bag, Elena Girardi. On him: Cardigan, $59.50, T-shirt, $24.50, jeans, $44.50, all Gap. Picnic basket, Picnicfun.com, $130.

PHOTOGRAPHED BY ERICKA MCCONNELL
STYLED BY CARLA ENGLER WRITTEN BY SUE ERNETA



WHERE IS THIS GORGEOUS GREENSCAPE?

This feature was photographed at the beautiful vineyards of Bedell Cellars, in New York's North Fork, Long Island, wine region. Though this viticultural area is only about 30 years old, it is already producing notable East Coast wines perfect for fall picnics. Try: **Bedell Cellars 2005 Merlot,** $25, which has notes of blueberry, cassis and tobacco, and is aged 16 months in French oak. For a West Coast wine, try: **Hogue Reserve 2004 Chardonnay,** Columbia Valley, Washington, $22. Aromas of oak and allspice combine with pear, cream, brioche and almond.





pposite page: You won't blend
nto the landscape in bold tonal
yered knits. When mixing colors,
st remember to keep the combo
the same family of shades, as
nese cool greens, blues and purples
uggest. Left: Citron turtleneck,
KNY Jeans, $49. Turquoise
urtleneck, Jill by Jill Stuart, $155.
ress and hoodie, $198 each, both
anana Republic. Corduroys, $59,
elt, $34, both United Colors of
enetton. Fur scarf (in hand), Fury
y Dana at Notanonymous, $99.
loves, La Crasia, $100. Boots,
ecco, $240. Right: Turtlenecks, $68
ach, boots, $228, all Boden. Dress,
$79.50, coat, $129.50, both Uniqlo.
orduroys, Tommy Hilfiger, $69.
loves, La Crasia, $100.
his page: Cobalt blue, one of the
ewest electric shades, is softened
when worn with chocolate brown.
A color-mixing tip: Pair bright hues
with neutrals such as brown, gray
and camel—instead of black—to
avoid a fatigued '80s look.
A: Cobalt-blue turtleneck, DKNY
Jeans, $59. Pale-blue turtleneck,
Gap, $39.50. Dress, Esprit, $79.50.
Coat (in hand), DKNY Jeans, $118.
Gloves, La Crasia, $100. Bracelet,
Loule-Loule for Notanonymous,
$58. Tights, Hue, $18. Boots,
Bernardo, $239.
B: Dress, Boden, $118. Jacket, Alice
Temperley for Target, $139.99.
Scarf, Echo, $98. Gloves, La Crasia,
$100. Bracelets, Stephan & Co., $18
each. Tights, DKNY Hosiery, $12.50.
Boots, Banana Republic, $198. On
him: Crewneck, $39.50, pullover
sweater, $54.50, jeans, $44.50, all
Gap. Jacket, $179, gloves, $44, both
United Colors of Benetton.

A







This page: Tone down an intense color like violet with heathered charcoal and you're office ready. Plus, the forgiving pleats of this wool skirt make it figure-friendly, while the sleek ribbed turtleneck creates a lean line. Skirt, Simply Vera Vera Wang, $64. Turtleneck, Pendleton, $75. Scarf (in hand), Uniqlo, $49.50. Gloves, La Crasia, $100. Bangles, Stephan & Co. Tights, Hue, $11. Shoes, Banana Republic, $138.

Opposite page: Soft pink has real presence when you throw sophisticated camel into the mix. A pileup of lush textures under the cotton houndstooth-print coat—ribbed knit wool, herringbone corduroy, cabled sweater tights and rich suede—makes this look casual and comfortable. Trench, $59.99, skirt, $24.99, both Isaac Mizrahi for Target. Tunic, United Colors of Benetton, $69. Turtleneck, Uniqlo, $39.50. Gloves, La Crasia, $100. Bracelet, Stephan & Co. Tights, Hue, $18. Boots, Boden, $248. Tote, Lands' End, $99.50.

BEAUTY BONUS: Add some zip—and zinc—to your beauty routine. Head & Shoulders HydraZinc Shampoo in Smooth & Silky, $4.99, features this mineral, which helps relieve scalp dryness.

Where to Find It, page 213







Opposite page: Add warmth to a friendly picnic in the vineyard with small pops of harvest hues. Camel and rich tan are punctuated with deliciously ripe accessories and a punchy vest. Left: Orange turtleneck, Mai. Tan turtleneck, $99.50, puffer jacket, $249, both Lauren by Ralph Lauren. Vest, Isaac Mizrahi for Target, $22.99. Pants, Norma Kamali for Everlast, $135. Scarf, Sisley, $54. Gloves, La Crasia, $100. Right: When worn with jeans, a decidedly workday mustard blouse becomes ready for a casual romp. Blouse, $54, cardigan, $64, both Simply Vera Vera Wang. Turtleneck, Ann Taylor Loft, $26. Jacket, DKNY Jeans, $119. Jeans, Uniqlo, $49.50. Cardigan (tied at waist), Boden, $68. Gloves, Charter Club, $28. Boots, Boden, $228. Blanket (in hand), Pendleton, $70. On him: Turtleneck and vest, both Michael Kors. Sweater, Nautica, $89.50. Corduroys, gloves, $44, both United Colors of Benetton. Picnic basket (in hand), Picniclun.com, $118.50.

This page: You'll feel cozy in shades of scarlet and fuchsia, a color combo that makes a big impact.

A: Left: Dress, $34.99, coat (in hand), $89.99, both Isaac Mizrahi for Target. Sweater, Mai. Scarf, Echo, $48. Gloves, La Crasia, $100. Orange bangle, $33, red bangle, $20, both Stephan & Co. Tights, Hue, $11. Right: Pump up the pass on in this purple dress, but temper it with dark charcoals for a sophisticated touch. Dress, Jill Stuart, $528. Turtleneck, Pendleton, $75. Coat, Uniqlo, $129.50. Tights, DKNY Hosiery, $16. Boots, Boden, $228.

B: A classic cashmere sweater gets a jolt of energy in cherry layered with citrus knits and accessories.

A

B



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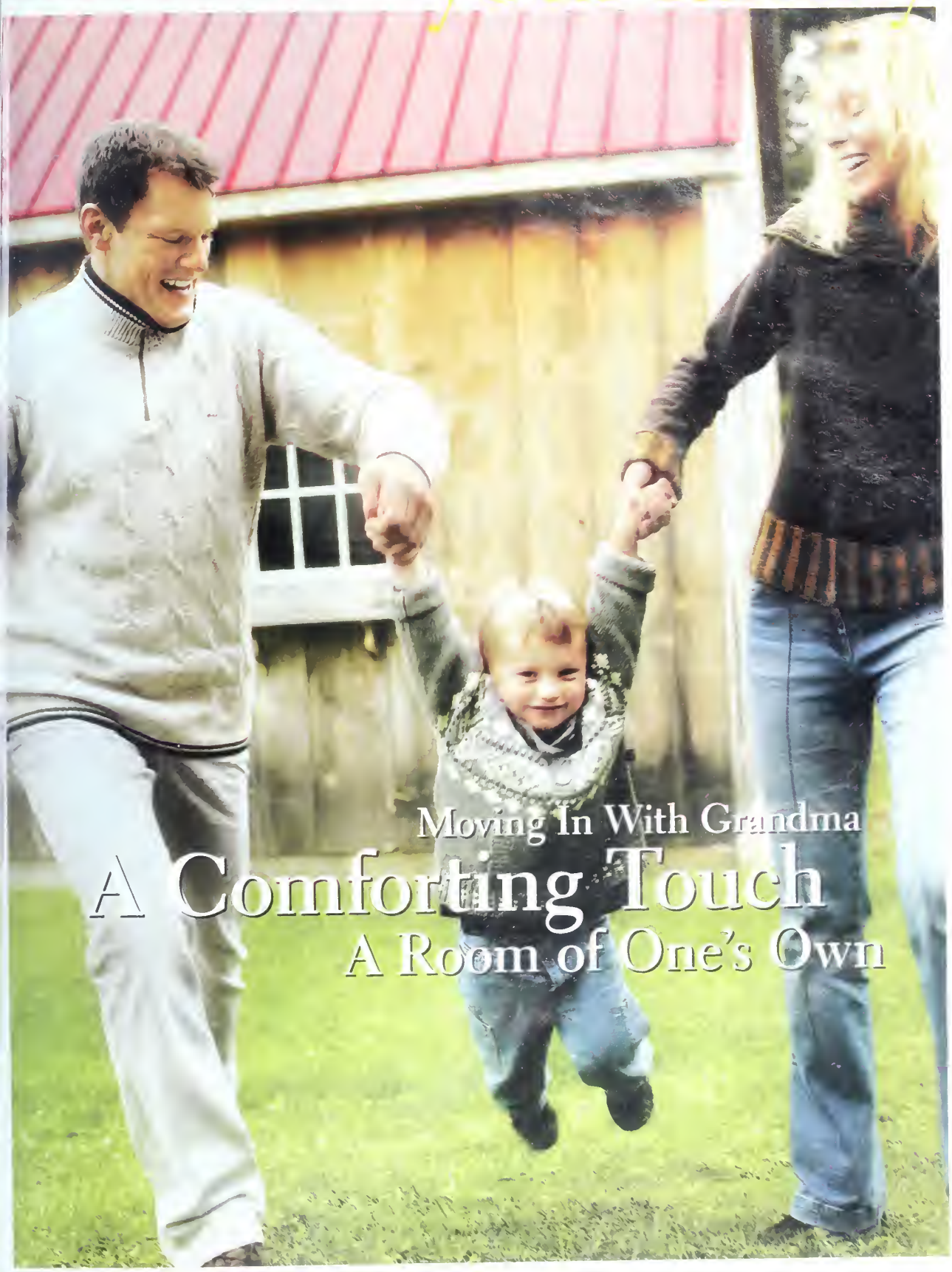


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Moving In With Grandma

A Comforting Touch

A Room of One's Own

Can this marriage be saved?

by CYNTHIA HANSON

"He Loves Sports More Than Me"



Her turn: "My husband is a sports fanatic and it's destroying our marriage," said Gloria, 28, an administrative assistant in New York City who has been married for 18 months. "Every night Carlos flops on the sofa, flips on the TV and watches a game until bedtime. He's so crazy about our hometown teams—the Yankees, the Knicks, the Giants—that he screams obscenities if the referee makes a bad call, dances around the living room if his team makes a good play and calls his friends to rant and rave while the game is in progress. On weekends he's either watching ESPN, playing pickup basketball in the park or at a Yankees game with his brother, a season ticket holder.

"If it were up to him, I'd cheer right along with him. But I really couldn't care less about sports. I watched some games just to make him happy but then I dozed off out of sheer boredom and he got upset. Most nights, I watch the Food Network or HGTV in the bedroom.

"For the past 18 months I've been lonely and bored. I'm tired of crying myself to sleep, wondering what I can do to make Carlos understand how much I miss his companionship. I don't expect him to quit watching sports or skip the World Series. I simply want him to watch fewer games so that we can go to an occasional movie or browse in bookstores—stuff we did before we got married. Is that so unreasonable? But Carlos always says, 'I am here with you—I just happen to be watching baseball.'

"Clearly we have different concepts of togetherness. Yes, we are both present in this apartment, but we're not emotionally connected. About four months ago I hit rock bottom and stopped having sex with Carlos. Since our sex life had always been great, I thought this would motivate him to





change. 'You sit in front of the TV all night ignoring me, and now you expect me to be affectionate?' I say when he crawls into bed and kisses me after I'm asleep. Carlos complains but he's not upset enough to stop watching sports. I've also stopped cooking his favorite foods. As far as I'm concerned, he can eat chicken noodle soup! I still love him but I don't want to be in a marriage in which I'm invisible.

"I was born in Puerto Rico, the third daughter of a plumber and a seamstress, who moved our family to the Bronx when I was 9. From Dad I inherited my love of Latin dancing; I have fond memories of doing the salsa and mambo in our living room together when I was a little girl. From Mom I inherited my love of cooking and decorating. My parents pushed me to excel in school, so I worked hard, got good grades and went to junior college, where I studied office administration.

"I spotted Carlos at the train station one morning about three years ago and thought he was the handsomest man I'd ever seen. For months I stared at him from afar, too shy to introduce myself. Then one morning we both missed our train. As we waited for the next one and then sat together on the ride downtown, Carlos told me he was 33, a divorced father and a paralegal at a law firm. Before I could figure out how to give him my phone number without seeming too eager, he asked me for it and called hours later to invite me to play miniature golf.

"I fell in love with Carlos's fun-loving personality and sense of romance; he was the first man to sing me love songs. We saw each other four nights a week, and there was never a dull moment as we went out dancing, saw movies and listened to music. We never ran out of things to talk about. Soon Carlos introduced me to his daughter, Lucy, then 6, and we hit it off. He has joint custody with his ex-wife, Sylvia, and on the weekends Lucy spent with Carlos, the three of us went on picnics, visited museums and baked cookies. It was so much fun! He barely mentioned sports. I had no idea he had this obsession.

"After we'd dated for a year, Carlos proposed. We got married six months later. Going from dating to living together was a huge adjustment—and, frankly, not what I expected. He changed overnight: Suddenly, the high energy guy who liked salsa dancing and fine dining was more interested in staying home to watch the Knicks than in spending time with me. Unsure what to do, I tried to watch with him, figuring he'd also watch my favorite shows with me. But he refuses. He also takes no interest in my decorating projects. For example, I'm trying to choose fabrics for new kitchen and bedroom curtains, but the other night Carlos was too focused on the Yankees to give his opinion. 'Pick whatever you want—I trust your taste,' he said, turning up the volume.

"Worse yet, Carlos has turned Lucy, now 9, into a superfan, as well. When she's here they watch every game together, and he's teaching her how to play basketball. At first I thought that maybe Lucy was feigning interest just to please him. But gradually I realized it was genuine and felt her pull away from me. Before her dad and I got married Lucy loved to help me cook; now she only wants to hang out with him, which makes me feel like an outsider.

"Carlos's sports fixation is hurting our social CONTINUED

life, too. Recently we planned to attend a surprise 30th birthday party for my best friend's husband, but at the last minute, Carlos said, 'The Yanks are playing the Braves—tell everyone I have the flu.' Furious. I went to the party and lied to my friend about his absence. I was too embarrassed to tell the truth: My husband is a selfish, insensitive oaf who puts baseball before his wife's happiness."



His turn: "What's wrong with liking sports?" Carlos, 36, asked. "Yes, I am a superfan—and proud of it. I'm the guy at Yankee Stadium who wears the hat, jersey and jacket. I'm the fellow who yells to get the crowd cheering and who leads them in the wave. Sports are exciting: I love the competition, the infighting among the players, coaches and owners, the team rivalries, the thrill of the playoffs. I've never kept any of this a secret. When we were first dating I told Gloria I followed the Knicks—it was basketball season—and that I played basketball myself. I didn't feel obligated to account for my activities while we were apart, and I didn't expect her to, either.

"After we moved in together I tried to explain the rules of the various sports, but her eyes glazed over. She'd give me a blank look when I quizzed her on key plays. How hard is it to understand that a pitcher throws the ball into the strike zone? Gloria chose not to pay attention. Eventually I took the high road and stopped asking her to watch with me. If I can accept that she's not interested in sports, why can't she accept that I'm not interested in her cooking and decorating shows? I hate those programs as much as she hates mine.

"Meanwhile, over the past few months, my wife has taken the low road, cutting off our sex life and refusing to cook the foods I like. Gloria may think I didn't get her message, but I did—and I won't be bullied, especially since I'm not doing anything wrong. As I see it, if we're both home, we're together, even if I'm watching ESPN and she's watching Rachael Ray.

"I was born and raised in the Bronx, the younger son of a carpenter and a jewelry-store clerk. Dad had a violent temper and constantly flew into rages, so I was glad when Mom finally threw him out when I was 10. He disappeared from our lives, but I wasn't sorry. Mom had high standards, which I worked hard to meet: I was a good student, played varsity football and enlisted in the Navy two weeks after high school graduation. After four years of active duty I got a college degree in legal studies.

"I was 26 when I married my first wife, Sylvia, a dental hygienist. Lucy was born a year later and I had high hopes for a happy family life. I was so busy working and being a dad that I didn't have as much time to follow sports as when I was single. Unfortunately our four-year marriage ended when Sylvia left me for a dentist. I was devastated, but we get along for Lucy's sake.

"As a single dad, my life revolved around Lucy and giving her opportunities I didn't have as a child, such as swimming and music classes. On the nights and weekends that she was with my ex-wife I turned to sports to fill the void. I lifted weights, played basketball and watched games on TV.

"I'd been divorced for two years when I met Gloria at the train station. I still can't believe I'd never noticed her before: She's a gorgeous brunette with soulful brown eyes and an adorable high-pitched laugh. We clicked from the start, and I quickly fell in love with her intelligence and kindness. Also, I knew she'd be a devoted stepmother and a positive role model for Lucy.

"As Gloria said, our relationship changed after we moved in together. Maybe because I'm eight years older and divorced, my expectations of marriage were different from hers. I didn't want to continue going out four nights a week, especially since we'd agreed to save money for our future, which I hope will include a house and a baby. Besides, we do still go out every now and then.

"As for my encouraging Lucy's interest in sports, Gloria is way out of line CONTINUED


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to criticize that. I want my daughter to be physically fit and learn the life lessons that come from playing team sports.

"The other night, when Gloria pushed me away in bed, I told her we had to do something. She's not the only one who's unhappy in this marriage: I miss our sex life, her company and her fabulous cooking. 'Maybe counseling can help,' I said. 'I love you—and I don't want to lose you.'"

The counselor's turn: "Gloria and Carlos were dealing with a common problem among married couples: An outside interest had come between them, destroying their intimacy and threatening their relationship," the counselor said. "Typically, a hobby doesn't surface as a problem until a couple is living together. There are several reasons for this. First, when people are dating they may censor what they reveal about themselves, not out of deliberate deception but to gain the other person's approval. Second, they usually don't see each other every day, so they're free to pursue their hobbies with no questions asked. It's not a big deal for a single man to spend three nights a week watching sports. But it can be a big problem for a married man to be unavailable to his wife because he's absorbed in a baseball game.

"Gloria and Carlos each had legitimate grievances. His involvement in sports was excessive by any measure, and his indifference to his wife's emotional needs was selfish. She, in turn, was closed-minded about sports, and her strategy of punishing her husband by denying him sex and food was misguided and counterproductive. Still, despite their mutual anger and feelings of neglect, the couple had much in their favor: They were still in love, were committed to repairing their marriage and had no lingering issues from childhood or previous relationships.

"My first step was to help them understand that their hobbies were expressions of the very qualities they loved about each other. Gloria was attracted to her husband's exuberance and passion, yet she deplored those traits as they related to sports—specifically, his being overly zealous about his teams. Carlos, meanwhile, enjoyed his wife's cooking and domestic creativity, yet was dismissive of her desire to watch cooking or decorating shows. 'You must change your negative attitudes,' I advised them in the first session. 'See these interests for what they are: an expression of your positive qualities.'

"Next, we addressed the couple's poor communication. Gloria needed to learn to express her feelings directly, honestly and calmly. 'Carlos may interpret your withholding sex and hot meals differently from what you intended,' I told her. 'Indirect communication leads to ambiguity and perpetual misunderstanding.'

"I advised Gloria to use non-accusatory 'I' statements, to make direct requests before Carlos settled on the sofa to watch a game and to frame her comments in a positive way: 'There's a new movie I'd love to see with you. What's the best night to go?' In addition, I suggested they have ongoing discussions about their relationship to clarify their goals, values, expectations, beliefs and challenges.

"Carlos needed to understand that his sports fixation made Gloria question his loyalty, and that to rebuild their relationship he needed to limit his involvement. 'You're entitled to watch and play sports, but you can't let them dominate your life to the extent that your wife feels neglected,' I explained. 'You act as if it's irrational of her to want to spend quality time with you. Marriage is about compromise so that both partners' needs are met.'

"At first, Carlos was reluctant to admit that his behavior was inappropriate. But he finally got the message when Gloria threatened to leave him unless he changed. Though I believed that Carlos was being selfish, I avoided that term because I didn't want to make him more defensive than he already was. Rather, I wanted him to conclude that Gloria's concerns were legitimate. Eventually, he did. 'I took you for granted and I'm sorry,' Carlos admitted in a breakthrough session. 'I never meant to hurt you.'

"From there, the couple agreed that Carlos may devote two nights a week to sports; on weekends he may watch one game or play pickup basketball on each of the two days. So far, he has stuck to that agreement, because he understands the consequences if he doesn't. Carlos is what is known as a 'threshold changer,' meaning that only when he got to the point where his marriage was in jeopardy did he feel compelled to modify his behavior.

CONTINUED



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"Meanwhile, I encouraged Gloria to be more productive while Carlos was watching sports. 'You've poured so much energy into being mad at Carlos and trying to make him change that you've stopped doing things that bring you pleasure,' I told her. Now Gloria spends the time that Carlos devotes to sports trying new recipes and working on home-improvement projects.

"Carlos held out hope that Gloria would start to like sports, but as I noted, if you're not a fan and don't understand the game, watching on TV is about as exciting as watching paint dry. I believed Gloria was more likely to develop an appreciation if she experienced the energy of a live event. Carlos took her to see the Yankees at Yankee Stadium and the Knicks at Madison Square Garden. By explaining the rules and offering commentary throughout the games, he helped her understand strategy and key plays. This real-life activity, combined with Gloria's soul-searching during our sessions, successfully reshaped her attitude. Wrapped up in the excitement, Gloria cheered with Carlos and joined in the wave in the stands. She also discovered that she liked baseball enough to watch it on TV. 'I yell when the umpire makes a bad call, just like Carlos,' Gloria said. 'I now participate in all the activities I thought were silly.'

"Thrilled with Gloria's newfound enthusiasm for sports, Carlos agreed, in the spirit of compromise, to watch some of her favorite programs. This pleased Gloria and helped restore their intimacy. 'I'm not mad at Carlos anymore,' Gloria admitted. 'I never refuse when he makes a move in bed, and I cook all his favorite dishes again.'

"Next, I encouraged the couple to host casual parties during big games as a way to blend Carlos's passion for sports with Gloria's enthusiasm for cooking and to give their social life a boost. In the past year they've invited several couples for buffet-style dinners during the World Series, Super Bowl and NBA Playoffs. It's truly a team effort: Carlos and Gloria plan and prepare the meals together, with Carlos in charge of chopping the fruit and vegetables and mixing the margaritas. 'It's so much fun having a project to work on together,' Gloria said. Much to his surprise, Carlos enjoys the prep work, cooking and bartending for these parties, and he is rightly proud of Gloria's entertaining skills. 'One friend said she's the best hostess and cook he's ever met,' he said. 'I liked hearing that.'

"To help Gloria and Carlos rediscover the excitement of their courtship together, they scheduled a weekly date night, where the activity would be mutually interesting but not sports-related, such as seeing a movie or going dancing. Finally, I advised Gloria to support Carlos's efforts to involve his daughter in athletics. 'Rather than criticize, you should commend him for taking Lucy to a WNBA game and for encouraging her to play sports,' I explained. 'He's teaching her the importance of being fit and a good competitor, and he's using professional women athletes as role models.' Gloria agreed to try to play basketball, and now she and Lucy team up against Carlos in shooting contests. Sharing this new interest has helped bond the family and to restore the closeness that Gloria and Lucy once enjoyed.

"This couple worked hard in counseling to overcome attitudes and behaviors that had driven a wedge between them. As they await their second wedding anniversary, they are planning a trip to the Caribbean to celebrate and hope to add to their family in the coming year. 'We've never been closer,' Carlos told me recently.

"'Carlos is a new man, and I'm a new woman,' added Gloria. 'We're like two lovebirds—happy all the time.'"

Could *Your* Marriage Use Savi



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It's my job to tell my kids about what's really important in life. Little did I know life lessons also work in reverse

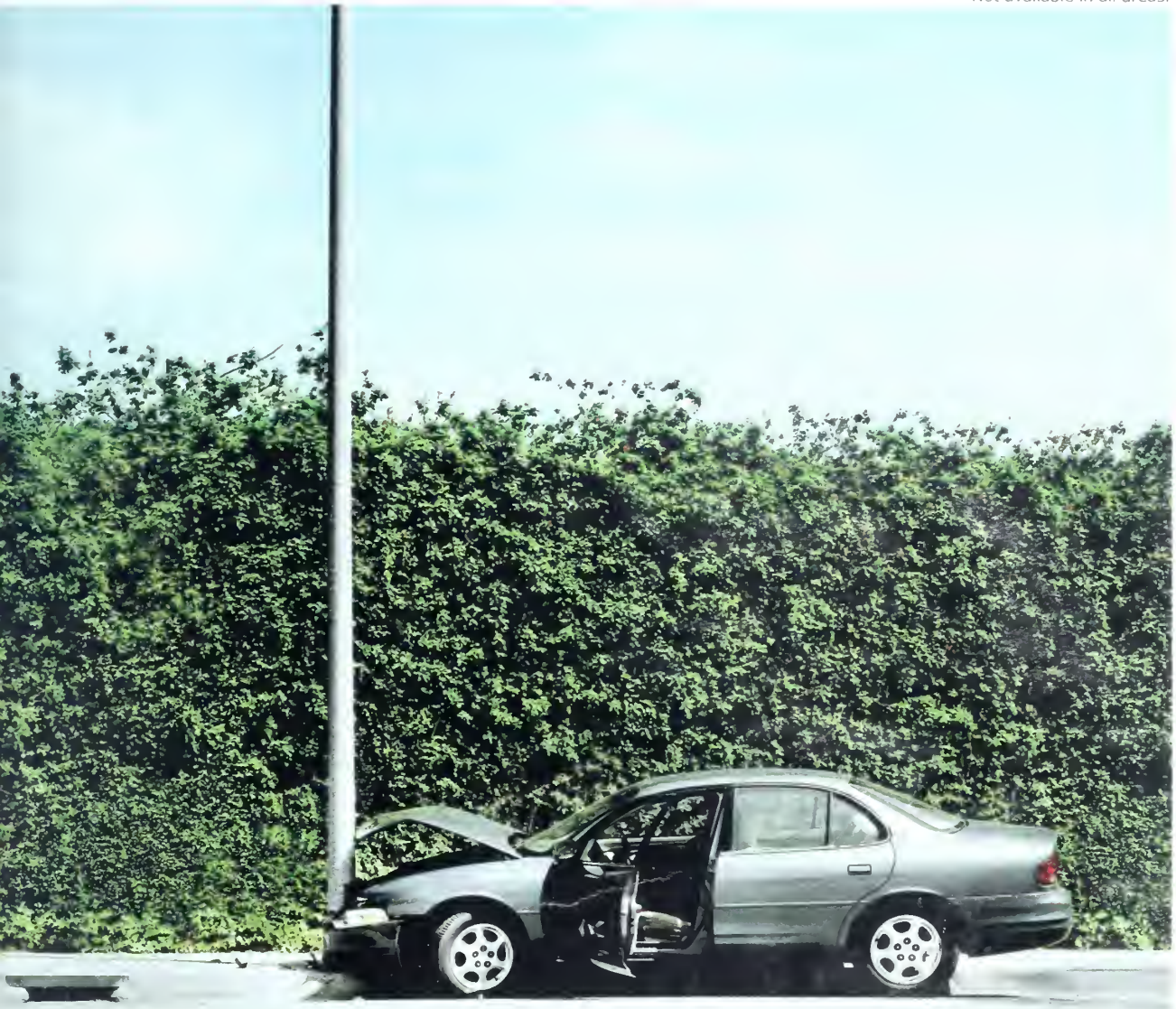
What My Children Teach Me

Four years ago, through a fluke of YMCA scheduling, my two younger sons wound up on the same soccer team. Sam, my eldest, had abandoned soccer years earlier in favor of baseball, so each week I had to sit through only one soccer practice instead of two. The Saturday obligation was over with one 40-minute game, and I had a single absurd jersey color to wash each week instead of managing one load for fluorescent orange and another for Barney purple. Plus, the coaches were brilliant—offering just the right combination of skills training, encouragement and reminders that soccer players don't tackle each other, especially when they're on the same team. I know a gift from God when I see it, so that team is exactly where my sons have stayed ever since. (Henry, 11, plays in his own age bracket; and Joe, 9, plays up.) All the other soccer moms I know are jealous. They think I've pulled off some kind of cosmic act of fraud. Isn't total subservience to the demands of the league the whole point of being a soccer mom?

The thing is, I was not meant to be any part of a sports team. I am, in fact, a miserable athlete, though no one had the heart to mention that fact to me in childhood, so I kept signing up for teams anyway. I once broke all but two of my fingers in a single volleyball play. In softball I played right field—until a left-handed batter happened to come along, at which point the coach summarily transferred me to left field. I comprehended so little about the game that I didn't understand until years later, when Sam explained it to me, that I'd essentially been moved to a spot on the field where no ball would ever come near me. It made sense: I had about as much chance of catching a pop fly as an asteroid, and I tended to spend my time in the outfield making necklaces out of crimson clover.

By the time my children were born I'd become a total sports agnostic. It's not that I was ever hostile to the team mentality—I always liked the idea of people pulling together to achieve a single, ardent goal. It's what they're working for so ardently that puzzled me. How can so many people so passionately care about whether a ball makes it into a net or a goal? Even if the CONTINUED

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team happens to win the game, they still have to play the same people again next year. I just never got the point, and eventually I gave up trying.

I was never meant to be a soccer mom, but there's something about the glad animal movements of a child on a playing field that I've come to love just because it's so heartening to watch—the exuberance, the pleasure and the concentration, all playing across a little face. My kids care about soccer, and I care about them, so I have gradually—though, it must be admitted, somewhat grudgingly and often only partially—learned to care, too. Without even meaning to, my children have taught me to understand what people love about sports.

For me, this is one of the most surprising and gratifying things about being a mother. Throughout my first pregnancy I fantasized about the wonders I would someday share with my child: I'd teach him to love a growing garden, as I did. We'd curl up together on rainy afternoons and I'd read him my favorite books and teach him to play my favorite board games. At night I'd sing him "Swing Low, Sweet Chariot," the same lullaby my father sang to me. During the holidays we'd watch *It's a Wonderful Life* and *A Charlie Brown Christmas*. Having a child, I thought, would let me relive the best parts of my own youth.

Parenthood has forced me to step outside my comfort zone

You see where this is going: I got the lullaby, and that's pretty much it. Even "Swing Low, Sweet Chariot" didn't last long—only until my kids could talk clearly enough to request another number, or to change the words and create a parody: I once heard Henry singing "Swing Low, Sweet Cherry Pie" to Joe, who was laughing hysterically at each new outlandish verse. My kids hate board games, and the horse stories I loved so much back in the '70s? They leave my 21st-century children cold. I no longer have time to grow fresh vegetables myself, much less attempt to teach my kids to love the feel of the soil in their hands. Anyway, to them it would probably be just another chore. Even Charlie Brown strikes my boys as passé. They're all Garfield guys.

Still, there's been an entirely unexpected compensation: Parenthood has forced me to step outside my own comfort zone, sometimes complaining all the way, to explore what my kids are interested in, to meet wonderful people (teachers, parents of their friends, coaches) I would never have encountered otherwise, to read books and play games I missed—or deliberately passed up—in my own childhood. My father tried to teach me to play chess, but I found it dull until Joe needed a partner. I'm listening to music that wasn't even written in my teen years (Sam is horrified that I still can't tell Green Day from U2, but I can sing along with every song) and reading aloud from whole categories of books I disdained to read at all as a child: *A Wrinkle in Time* and The Chronicles of Narnia for starters. Fantasy was a genre I despised, but my children's love for it has taught me to see how brilliant some of these stories really are.

And then, of course, there's soccer. Actually watching the game can be excruciating for a mother whose first two children are the kind of soccer players one might expect my gene pool to produce. So for nearly 12 years, I sat and watched my children fail at soccer. At 20 games a year, I watched 236 soccer games in which no child of mine ever scored a single goal. The coach started muttering darkly about a family curse.

But then there was the game we were losing last spring when Joe, on defense, stole the ball and dribbled it all the way down the field. While the crowd roared, he delivered the most beautiful, over-the-goalie kick I ever saw. The whole team knew he'd just broken the curse, and everyone leapt into the air, fists pumping, and careened by him for high fives.

I don't recall jumping to my feet and starting for the field; all I know is that my husband, Haywood, grabbed me just as I was heading out so I could pick Joe up and spin him around and around the field, shouting in exultation. This sounds ridiculous, but it was one of the proudest, most purely happy moments of my life. I didn't even mind, much, that the other team won, 3–2. I know we're going to kick their sorry little tails next year.

Your Life as a Mom



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Here are some other essential tips to kick-off every morning right!

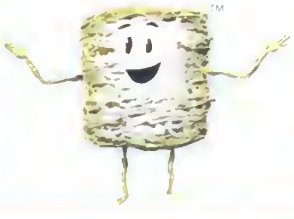
☑ **Avoid Clothing Wars**
Clothing should be laid out each night before bed with youngsters even playing a role in choosing the outfit.

☑ **Schedule, Schedule, Schedule**
Make sure evening and morning routines become ritual with the same bedtime (preferably earlier than on weekends or in the summer) and wake-up time each day.

☑ **Minimize Distractions**
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☑ **Have a Nutritious Breakfast Ready-To-Go**
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Total Time 10 minutes
Servings 16

Ingredients

- 5 cups **Frosted Mini-Wheats® Bite Size** (any flavor)
- 1½ cups small pretzel twists
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- 2 tablespoons margarine
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- ½ cup smooth peanut butter
- 1 cup raisins

Directions

1. In medium bowl, measure KELLOGG'S® **Frosted Mini-Wheats® Bite Size**, pretzels and peanuts. Set aside.

2. In large microwave-safe bowl, heat margarine, corn syrup and peanut butter on HIGH for 30 seconds. Stir until smooth. Add cereal mixture and toss gently until evenly coated.

3. Microwave on HIGH a total of 5 minutes, stirring well after 2 and 4 minutes (use caution, mixture will be hot).

4. Remove cereal mixture from microwave and mix in raisins (use caution, mixture will be hot). Spread on waxed paper lined baking sheet. When completely cool, store in airtight container.

For more great recipes, visit www.kelloggs.com/recipes

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Start Right, Stay Strong Challenge

Join in the Fight Against Osteoporosis

Did you know women can lose up to 20% of their bone mass in the 5 to 7 years after menopause, making them more at risk for osteoporosis?

Each year, osteoporosis causes an estimated 1.5 million fractures (broken bones). Osteoporosis is a skeletal disease in which bones have lost minerals—especially calcium—making them weaker, more brittle, and susceptible to fractures. Any bone in the body can be affected by osteoporosis, but the most common place where fractures occur is the spine.

Use these suggestions to minimize your risk of fractures and improve your bone health.

Follow a balanced diet

Eat foods that are rich in calcium and vitamin D. Your healthcare provider may also recommend a calcium or vitamin D supplement.

Exercise regularly

Simple activities like walking and stairclimbing may strengthen your bones.

Visit your healthcare provider regularly

Work with your healthcare provider to monitor your osteoporosis and bone mineral density (BMD), as well as your overall health. Evaluate the steps you are taking to maintain the health of your bones.

Take your medication

If you are taking a prescription medication to treat osteoporosis, be sure to take it as prescribed by your healthcare provider.

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Saturday, October 6, 2007
Pembroke Lakes Mall, Pembroke Pines, FL

Saturday, October 6, 2007
Spring Hill Mall, West Dundee, IL

Saturday, October 13, 2007
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Saturday, October 13, 2007
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BON960



In clinical studies after just one year on BONIVA, 9 out of 10 women had improved bone density.*

Important Safety Information: BONIVA is for the management of postmenopausal osteoporosis. You should not take prescription BONIVA if you have low blood calcium, cannot sit or stand for at least 60 minutes, have severe kidney disease, or are allergic to BONIVA. Stop taking BONIVA and tell your healthcare provider if you experience difficult or painful swallowing, chest pain, or severe or continuing heartburn, as these may be signs of serious upper digestive problems. Follow the once-monthly BONIVA 150 mg dosing instructions carefully to lower the chance of these events occurring. Side effects are generally mild or moderate and may include diarrhea, pain in the arms or legs, or upset stomach. If you develop severe bone, joint, and/or muscle pain, contact your healthcare provider. Your healthcare provider may also recommend a calcium and vitamin D supplement.

Here's an easy way to get started on BONIVA: Ask your doctor for your first-month free trial or call 1-800-248-6086. For more information about BONIVA, please visit **www.BONIVA.com**.

*As measured at lumbar spine, total hip, or trochanter; 3 out of 4 at the femoral neck.

Boniva

Roche gsk GlaxoSmithKline

Please read the Patient Information on the next page.

BON908R0

Patient Information
BONIVA® [bon-EE-va] (ibandronate sodium) TABLETS

Read this patient information carefully before you start taking BONIVA. Read this patient information each time you get a refill for BONIVA. There may be new information. This information is not everything you need to know about BONIVA. It does not take the place of talking with your health care provider about your condition or your treatment. Talk about BONIVA with your health care provider before you start taking it, and at your regular check-ups.

What is the most important information I should know about BONIVA?

BONIVA may cause serious problems in the stomach and the esophagus (the tube that connects your mouth and stomach) such as trouble swallowing, heartburn, and ulcers (see "**What are the possible side effects of BONIVA?**")

You must take BONIVA exactly as prescribed for BONIVA to work for you and to lower the chance of serious side effects (see "How should I take BONIVA?").

What is BONIVA?

BONIVA is a prescription medicine used to treat or prevent osteoporosis in women after menopause (see "**What is osteoporosis?**")

BONIVA may reverse bone loss by stopping more loss of bone and increasing bone mass in most women who take it, even though they won't be able to see or feel a difference. BONIVA may help lower the chances of breaking bones (fractures).

For BONIVA to treat or prevent osteoporosis, you have to take it as prescribed. BONIVA will not work if you stop taking it.

Who should not take BONIVA?

Do not take BONIVA if you:

- have low blood calcium (hypocalcemia)
- cannot sit or stand up for at least 1 hour (60 minutes)
- have kidneys that work very poorly
- are allergic to ibandronate sodium or any of the other ingredients of BONIVA (see the end of this Patient Information for a list of all the ingredients in BONIVA)

Tell your health care provider before using BONIVA:

- if you are pregnant or planning to become pregnant. It is not known if BONIVA can harm your unborn baby.
- if you are breast-feeding. It is not known if BONIVA passes into your milk and if it can harm your baby.
- if you have swallowing problems or other problems with your esophagus (the tube that connects your mouth and stomach).
- if you have kidney problems.
- if you are planning a dental procedure such as tooth extraction.

Tell your health care provider (including your dentist) about all the medicines you take including prescription and non-prescription medicines, vitamins, and supplements. Some medicines, especially certain vitamins, supplements, and antacids can stop BONIVA from getting to your bones. This can happen if you take other medicines too close to the time that you take BONIVA (see "**How should I take BONIVA?**")

How should I take BONIVA?

- Take BONIVA exactly as instructed by your health care provider.
- Take BONIVA first thing in the morning at least 1 hour (60 minutes) before you eat, drink anything other than plain water, or take any other oral medicine.
- Take BONIVA with 6 to 8 ounces (about 1 full cup) of plain water. Do not take it with any other drink besides plain water. Do not take it with other drinks, such as mineral water, sparkling water, coffee, tea, dairy drinks (such as milk), or juice.
- Swallow BONIVA whole. Do not chew or suck the tablet or keep it in your mouth to melt or dissolve.
- After taking BONIVA you must wait at least 1 hour (60 minutes) before:
  - lying down. You may sit, stand, or do normal activities like read the newspaper or take a walk.
  - Eating or drinking anything except for plain water.
  - Taking other oral medicines including vitamins, calcium, or antacids. Take your vitamins, calcium and antacids at a different time of the day from the time when you take BONIVA.
- If you take too much BONIVA, drink a full glass of milk and call your local poison control center or emergency room right away. Do not make yourself vomit. Do not lie down.
- Keep taking BONIVA for as long as your health care provider tells you. BONIVA will not work if you stop taking it.
- Your health care provider may tell you to exercise and take calcium and vitamin supplements to help your osteoporosis.
- Your health care provider may do a test to measure the thickness (density) of your bones or do other tests to check your progress.

What is my BONIVA schedule?

Schedule for taking BONIVA 150 mg once monthly:

- Take one BONIVA 150-mg tablet once a month.
- Choose one date of the month (your BONIVA day) that you will remember and that best fits your schedule to take your BONIVA 150-mg tablet.
- Take one BONIVA 150-mg tablet in the morning of your chosen day (see "**How should I take BONIVA?**").

What to do if I miss a monthly dose:

- If your next scheduled BONIVA day is more than 7 days away, take one BONIVA 150-mg tablet in the morning following the day that you remember (see "**How should I take BONIVA?**"). Then return to taking one BONIVA 150-mg tablet every month in the morning of your chosen day, according to your original schedule.
- **Do not** take two 150-mg tablets within the same week. If your next scheduled BONIVA day is only 1 to 7 days away, **wait** until your next scheduled BONIVA day to take your tablet. Then return to taking one BONIVA 150-mg tablet every month in the morning of your chosen day, according to your original schedule.
- **If you are not sure what to do if you miss a dose, contact your health care provider who will be able to advise you.**

Schedule for taking BONIVA 2.5 mg once daily:

- Take one BONIVA 2.5-mg tablet once a day first thing in the morning at least 1 hour (60 minutes) before you eat, drink anything other than plain water, or take any other oral medicine (see "**How should I take BONIVA?**").

What to do if I miss a daily dose:

- If you forget to take your BONIVA 2.5-mg tablet in the morning, **do not** take it later in the day. Just return to your normal schedule and take 1 tablet the next morning. **Do not** take two tablets on the same day.
- **If you are not sure what to do if you miss a dose, contact your health care provider who will be able to advise you.**

What should I avoid while taking BONIVA?

- Do not take other medicines, or eat or drink anything but plain water before you take BONIVA and for at least 1 hour (60 minutes) after you take it.
- Do not lie down for at least 1 hour (60 minutes) after you take BONIVA.

What are the possible side effects of BONIVA?

Stop taking BONIVA and call your health care provider right away if you have:

- **pain or trouble with swallowing**
- **chest pain**
- **very bad heartburn or heartburn that does not get better**

BONIVA MAY CAUSE:

- pain or trouble swallowing (dysphagia)
- heartburn (esophagitis)
- ulcers in your stomach or esophagus (the tube that connects your mouth and stomach)

Common side effects with BONIVA are:

- diarrhea
- pain in extremities (arms or legs)
- dyspepsia (upset stomach)

Less common side effects with BONIVA are short-lasting, mild flu-like symptoms (usually improve after the first dose). These are not all the possible side effects of BONIVA. For more information ask your health care provider or pharmacist.

Rarely, patients have reported severe bone, joint, and/or muscle pain starting within one day to several months after beginning to take, by mouth, bisphosphonate drugs to treat osteoporosis (thin bones). This group of drugs includes BONIVA. Most patients experienced relief after stopping the drug. Contact your health care provider if you develop these symptoms after starting BONIVA.

Rarely, patients taking bisphosphonates have reported serious jaw problems associated with delayed healing and infection, often following dental procedures such as tooth extraction. If you experience jaw problems, please contact your health care provider and dentist.

What is osteoporosis?

Osteoporosis is a disease that causes bones to become thinner. Thin bones can break easily. Most people think of their bones as being solid like a rock. Actually, bone is living tissue, just like other parts of the body, such as your heart, brain, or skin. Bone just happens to be a harder type of tissue. Bone is always changing. Your body keeps your bones strong and healthy by replacing old bone with new bone.

Osteoporosis causes the body to remove more bone than it replaces. This means that bones get weaker. Weak bones are more likely to break. Osteoporosis is a bone disease that is quite common in women after menopause. At first, osteoporosis has no symptoms, but people with osteoporosis may develop loss of height and are more likely to break (fracture) their bones, especially the back (spine), wrist, and hip bones.

Osteoporosis can be prevented, and with proper therapy it can be treated.

Who is at risk for osteoporosis?

Talk to your health care provider about your chances for getting osteoporosis.

Many things put people at risk for osteoporosis. The following people have a higher chance of getting osteoporosis:

Women who:

- are going through or who are past menopause ("the change")
- are white (Caucasian) or Asian

People who:

- are thin
- have a family member with osteoporosis
- do not get enough calcium or vitamin D
- do not exercise
- smoke
- drink alcohol often
- take bone thinning medicines (like prednisone) for a long time

General information about BONIVA

Medicines are sometimes prescribed for conditions that are not mentioned in patient information. Do not use BONIVA for a condition for which it was not prescribed. Do not give BONIVA to other people, even if they have the same symptoms you have. It may harm them.

Store BONIVA at 77°F (25°C) or at room temperature between 59°F and 86°F (15°C and 30°C).

Keep BONIVA and all medicines out of the reach of children.

This summarizes the most important information about BONIVA. If you would like more information, talk with your health care provider. You can ask your health care provider or pharmacist for information about BONIVA that is written for health professionals.

For more information about BONIVA, call 1-888-MY-BONIVA or visit www.myboniva.com.

What are the ingredients of BONIVA?

BONIVA (active ingredient): ibandronate sodium

BONIVA (inactive ingredients): lactose monohydrate, povidone, microcrystalline cellulose, crospovidone, purified stearic acid, colloidal silicon dioxide, and purified water. The tablet film coating contains hypromellose, titanium dioxide, talc, polyethylene glycol 6000 and purified water.

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My Space, Your Space

There's a fine line between being close and being *too* close. The goal, in marriage, is to walk the line

It's been seven years since I called my wife late one morning with the stunning news. My longtime employer and I were . . . let's just say we were breaking up. I would no longer have an office at the company where I'd worked for 18 years. I imagined I'd have to work out of our house for the time being.

It's the ultimate "Oh, honey? I'm home." Really home. For good.

Suddenly, we were the only couple we knew who both worked at home. But that's changed. Many of our friends have now gone through major alterations in who works at home, when they work at home, what exactly they do there and what it all means. The wives have made the predictable changes that come as the kids go off to school—going back to work (on top of family-rearing, of course) part-time or full-time. And a lot of husbands have made career decisions that leave them trying to make an out-of-office experience successful—a combination of working at home, at airports and, sometimes, behind the wheel. Wives are allowed to do business from home with no excuses. Husbands, however, are supposed to always claim the home-office move is temporary. But many of us look awfully comfy in our new ergonomic desk chairs and our "casual everyday" wardrobes of loungewear and Merrell mocs (or, as I call them, my "dress slippers").

Couples have always gone through such changes of life, but they used to happen much later, when the husbands retired. Although my generation views itself as staying younger longer, there are also ways we get older sooner. This is surely one of them.

I've been working from home "temporarily" for seven years, and we're still adjusting. I've been watching my friends adjust to home-office politics, too. There's the redivision of the household chores (which the husbands generally resist, trying to claim that we're still working full-time from home, so the old rules should stay in effect). There's getting used to the "what are you doing here?" look on the faces of wives, neighbors, kids, pets. (One friend admitted his children don't believe he is really working if he hasn't shaved.) There's the wife who decides her husband's move home is reason enough to find a job, any job, outside the house. (Diane does talk more and more about giving up fiction writing for something less stressful outside the house like, say, med school.) And, for those who stick it out at home, there's CONTINUED




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Crave PŪR Flavor Options

the endless renegotiation of personal space.

We've been through that twice. When I first started working at home, Diane unwisely suggested I set up my office in the living room—perhaps hoping it would make my "temporary" stay more temporary. She later had to admit she had seriously underestimated my ability to live in my own filth. So, to avoid cleaning up, we bought a bigger house, with plenty of room for two offices distant from each other. Then I took a university teaching job one day a week (to which Diane refers as "oh, happy day"). But we still had issues. Diane took solace in those moments when she had the house completely to herself. But I kinda missed the social aspect of an office. For 15 minutes every few hours I wanted her to pretend that working together at home is what so many people incorrectly believe it is: living a perpetual snow day. So, finally, we developed a complex set of rules that govern our marriage during work hours.

My wife underestimated my ability to live in my own filth

And when I say "we" developed them, I should note I'm referring to that marital "royal we" employed by the Queen of England and the Wives of America.

From the time I awaken until I finish breakfast I'm allowed anywhere in our three-floor home. After the Starbucks run, I report to the first floor, where I maintain a spacious and epically dusty work space (sorta like Mr. Havisham's office). Diane stays on the third floor, where her very neat and tidy office is located down the hall from our bedroom. I am allowed to talk to her only on my cell phone. Or I may e-mail her. If I need food, I am permitted to go up to our second-floor kitchen to make something—but I am not to acknowledge that she is right upstairs. If I absolutely have to go upstairs—like, to change clothes in our bedroom—I am to avert my eyes. The rules continue until dinnertime, usually after 7 P.M., when I am again free to speak in person to my own wife.

These rules are meant to re-create whatever passes for normalcy in work-time communication between spouses. (It's a subject about which there is much disagreement. I recently read a men's magazine that couldn't decide: One article said it was nice to call your wife three times a day to show her you love her, while another article said calling three times a day meant you were a sociopath. Discuss.) Friends of mine have told me about similar rules in their houses that apply not only to spouses but also to kids and pets.

More and more couples are making these rules—which work about as well as your average diet—because telecommuting from a home or virtual office (one of my hoop buddies often works out of the snack bar of our gym) is on the rise. This may be a mixed blessing for marriages and families, because of how work time and non-work time become too easily blurred, especially since the same computer can be so central to each activity.

Though researchers who study telecommuting may care mostly about stuff like productivity and job satisfaction, I'm more interested in how this trend affects *marital* satisfaction. And I'm still not sure. The flexibility definitely helps in times when full personal attention is needed: We never end an intense discussion with "we'll talk about this when I get home." We continue important conversations until they're finished, even if it means working late that night. But there are times when I wonder if knowing exactly where your spouse is most of the day is a good thing. I know this is the new trend in all relationships: Parents track their children with GPS chips in their phones, and couples monitor online services that show when someone is at his or her computer. Here we were, all worried about Big Brother, when the real fear should be new technology turning everyone into snoopy Little Brother. There's a fine line between being close and being *too* close for comfort. The goal, in marriage, is to walk the line.

LHJ.com

Hear Stephen Fried talk about his new book, *Husbandry*, a compilation of his *Ladies' Home Journal* Heart of a Husband columns, at **www.lhj.com/fried**
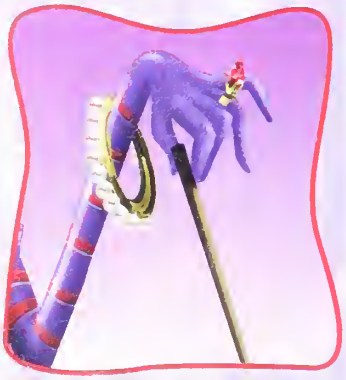
The thing I miss most about our current work situation is playing hooky. When I first started dating Diane, and even after we were married, I sometimes worked through my lunch hour and then sneaked over to her apartment in the afternoon. I still find myself looking at the clock around the time I used to make my hooky calls. But when you work at home, it's not the same. You're not scamming the Man—you're scamming yourself. And, as noted, we do have rules about pre-dinnertime visits.

But, then, one of the keys to staying married for all these years—we're celebrating our 20th anniversary this month—is constantly renewing your vow to play hooky together. And we always seem to find a new way.

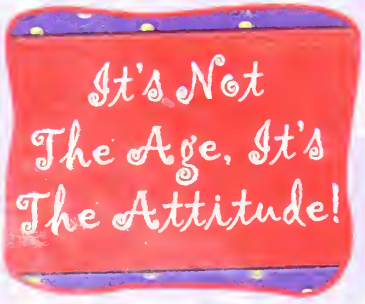
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HAZING GOES TO HIGH SCHOOL

Think hazing is just for college frat boys? Alas, the practice is increasingly common among high school students. One in 10 adolescents is hazed (double the number for college students), according to a recent study from the National Conference on High School Hazing. Moreover, in another study, 25 percent said their first incident occurred before age 13.

Although a typical hazing involves being forced to undertake dangerous, difficult or degrading tasks, experts report an alarming uptick in the level of violence. "The most common form of hazing is still humiliation," says Norman J. Pollard, Ed.D., dean of students at Alfred University and coauthor of a landmark 2000 study on high school hazing. "But more and more we're seeing horrific cases in which high school students are beaten up, branded, made to consume large amounts of alcohol, even sexually assaulted." While the highest rates occur among sports teams, even supposedly "safe" groups are not immune: 24 percent of church group members report being hazed.



Hazing is often an unfortunate by-product of group dynamics, Dr. Pollard says, but the trend can be stemmed by parental awareness and a zero-tolerance policy. "Happily, parents today are more willing than they were in the past to step forward and say, 'We're fed up and want to put a stop to this.'" *–Kimberly Papa*



GOOD MORNING AMERICA abc

Robin Roberts

BE A PARENT, NOT A PAL

My parents were both very involved in our upbringing, but they did not want to be our best friends. They were very clear about their roles–to guide, teach and discipline us. When my father had to discipline us, all he had to do was clear his throat and we would scatter. So many times I hear parents say they don't know how to discipline their kids because they want their kids to like them. Ours didn't care one iota, and it worked. Their objective when we were growing up may not have been to be our best friends, but with time that's what they became.



BEFORE YOU FALL FOR THAT PUPPY IN THE WINDOW...

A family pet should never be an impulse purchase, warns animal expert Diane Pomerance, Ph.D. "It's life-transforming," she says. "You're basically bringing another child into your home–one who needs attention, patience and time."

Sadly, too few people heed her advice. According to the Humane Society, 6 to 8 million unwanted dogs and cats annually find their way to animal shelters; of these, 3 to 4 million are euthanized.

To parry this, Dr. Pomerance, author of *Pet Parenthood: Adopting the Right Animal Companion for You*, suggests that you realistically assess your time and resources and select the best breed for your lifestyle. (Consider "designer breeds" that strive to combine the most desirable traits.) "I filled out an online form," says a married apartment-dwelling career woman who pines for a dog, "and concluded that the only animal I could really care for is a stuffed one." (Try Selectsmart.com and Iams.com for forms.) *–Alison O. White*

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the doctor about any heart conditions, including structural abnormali-, that you, your child, or a family member, may have. Inform the doctor *mediately* if your child develops symptoms that suggest heart problems, such hest pain or fainting.

anse should not be taken if your child has advanced disease of the blood vessels erosclerosis); symptomatic heart disease; moderate to severe high blood pressure; ractive thyroid gland (hyperthyroidism); known allergy or unusual reactions drugs called sympathomimetic amines (for example, pseudoephedrine); ures; glaucoma; a history of problems with alcohol or drugs; agitated es; taken a monoamine oxidase inhibitor (MAOI) within the last 14 days.

the doctor ***before*** taking Vyvanse if your child is being treated for or has symptoms epression (sadness, worthlessness, or hopelessness) or bipolar disorder; has ormal thought or visions, hears abnormal sounds, or has been diagnosed with psychosis, has had seizures or abnormal EEGs, has or has had high blood pressure exhibits aggressive behavior or hostility. Tell the doctor ***immediately*** if your child develops any of these conditions or symptoms while taking Vyvanse.

Abuse of amphetamines may lead to dependence. Misuse of amphetamine may cause sudden death and serious cardiovascular adverse events. These events have also been reported rarely with amphetamine use.

Vyvanse was generally well tolerated in clinical studies. The most common side effects reported in studies of Vyvanse were decreased appetite, difficulty falling asleep, stomachache and irritability.

Aggression, new abnormal thoughts/behaviors, mania, growth suppression, worsening of motion or verbal tics, and Tourette's syndrome have been associated with use of drugs of this type. Tell the doctor if your child has blurred vision while taking Vyvanse.

se see Brief Summary of Full Prescribing Information on the following page.

LDX94 08/07 Shire US Inc., Wayne, PA 19087

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IMPORTANT INFORMATION

Vyvanse™ C II
(lisdexamfetamine dimesylate) capsules

WHAT IS THE MOST IMPORTANT INFORMATION I SHOULD KNOW ABOUT VYVANSE?

Vyvanse is a stimulant medicine. The following have been reported with use of stimulant medicines.

1. Heart-related problems:

- sudden death in patients who have heart problems or heart defects
- stroke and heart attack in adults
- increased blood pressure and heart rate

Tell your doctor if you or your child has any heart problems, heart defects, high blood pressure, or a family history of these problems.

Your doctor should check you or your child carefully for heart problems before starting Vyvanse.

Your doctor should check your or your child's blood pressure and heart rate regularly during treatment with Vyvanse.

Call your doctor right away if you or your child has any signs of heart problems such as chest pain, shortness of breath, or fainting while taking Vyvanse.

2. Mental (Psychiatric) problems:

All Patients

- new or worse behavior and thought problems
- new or worse bipolar illness
- new or worse aggressive behavior or hostility

Children and Teenagers

- new psychotic symptoms (such as hearing voices, believing things that are not true, are suspicious) or new manic symptoms

Tell your doctor about any mental problems you or your child has, or about a family history of suicide, bipolar illness, or depression.

Call your doctor right away if you or your child has any new or worsening mental symptoms or problems while taking Vyvanse, especially seeing or hearing things that are not real, believing things that are not real, or are suspicious.

WHAT IS VYVANSE?

Vyvanse is a central nervous system stimulant prescription medicine. It is used for the treatment of Attention-Deficit Hyperactivity Disorder (ADHD). Vyvanse may help increase attention and decrease impulsiveness and hyperactivity in patients with ADHD. Vyvanse should be used as a part of a total treatment program for ADHD that may include counseling or other therapies.

Vyvanse is a federally controlled substance (CII) because it can be abused or lead to dependence. Keep Vyvanse in a safe place to prevent misuse and abuse. Selling or giving away Vyvanse may harm others, and is against the law.

Tell your doctor if you or your child has (or has a family history of) ever abused or been dependent on alcohol, prescription medicines or street drugs.

WHO SHOULD NOT TAKE VYVANSE?

Vyvanse should not be taken if you or your child:

- has heart disease or hardening of the arteries
- has moderate to severe high blood pressure
- has hyperthyroidism
- has an eye problem called glaucoma
- is very anxious, tense, or agitated
- has a history of drug abuse
- is taking or has taken within the past 14 days an antidepression medicine called a monoamine oxidase inhibitor or MAOI.
- is sensitive to, allergic to, or had a reaction to other stimulant medicines

Vyvanse has not been studied in children less than 6 years old.

Vyvanse is not recommended for use in children less than 3 years old.

Vyvanse may not be right for you or your child. Before starting Vyvanse tell your or your child's doctor about all health conditions (or a family history of) including:

- heart problems, heart defects, high blood pressure
- mental problems including psychosis, mania, bipolar illness, or depression
- tics or Tourette's syndrome
- liver or kidney problems
- thyroid problems
- seizures or have had an abnormal brain wave test (EEG)

Tell your doctor if you or your child is pregnant, planning to become pregnant, or breastfeeding.

CAN VYVANSE BE TAKEN WITH OTHER MEDICINES?

Tell your doctor about all of the medicines that you or your child takes including prescription and nonprescription medicines, vitamins, and herbal supplements. Vyvanse and some medicines may interact with each other and cause serious side effects. Sometimes the doses of other medicines will need to be adjusted while taking Vyvanse. Your doctor will decide whether Vyvanse can be taken with other medicines.

Especially tell your doctor if you or your child takes:

- antidepression medicines including MAOIs
- antipsychotic medicines
- asthma
- blood pressure medicines
- seizure medicines
- narcotic pain medicines

Know the medicines that you or your child takes. Keep a list of your medicines with you to show your doctor and pharmacist.

Do not start any new medicine while taking Vyvanse without talking to your doctor first.

HOW SHOULD VYVANSE BE TAKEN?

- Take Vyvanse exactly as prescribed. Vyvanse comes in 3 different strength capsules. Your doctor may adjust the dose until it is right for you or your child.
- Take Vyvanse once a day in the morning.
- Vyvanse can be taken with or without food.
- From time to time, your doctor may stop Vyvanse treatment for awhile to check ADHD symptoms.
- Your doctor may do regular checks of the blood, heart, and blood pressure while taking Vyvanse. Children should have their height and weight checked often while taking Vyvanse. Vyvanse treatment may be stopped if a problem is found during these check-ups.
- If you or your child takes too much Vyvanse or overdoses, call your doctor or poison control center right away, or get emergency treatment.

WHAT ARE POSSIBLE SIDE EFFECTS OF VYVANSE?

See "What is the most important information I should know about Vyvanse?" for information on reported heart and mental problems.

Other serious side effects include:

- slowing of growth (height and weight) in children
- seizures, mainly in patients with a history of seizures
- eyesight changes or blurred vision

Common side effects include:

- upper belly pain
- decreased appetite
- dizziness
- dry mouth
- irritability
- trouble sleeping
- nausea
- vomiting
- weight loss

Vyvanse may affect your or your child's ability to drive or do other dangerous activities.

Talk to your doctor if you or your child has side effects that are bothersome or do not go away.

This is not a complete list of possible side effects. Ask your doctor or pharmacist for more information.

HOW SHOULD I STORE VYVANSE?

- Store Vyvanse in a safe place at room temperature, 59 to 86° F (15 to 30° C). Protect from light.
- Keep Vyvanse and all medicines out of the reach of children.

GENERAL INFORMATION ABOUT VYVANSE

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use Vyvanse for a condition for which it was not prescribed. Do not give Vyvanse to other people, even if they have the same condition. It may harm them and it is against the law.

This Medication Guide summarizes the most important information about Vyvanse. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information about Vyvanse that was written for healthcare professionals. For more information about Vyvanse, please contact Shire US Inc. at 1-800-828-2088 or visit www.Vyvanse.com.

WHAT ARE THE INGREDIENTS IN VYVANSE?

Active Ingredient: lisdexamfetamine dimesylate

Inactive Ingredients: microcrystalline cellulose, croscarmellose sodium, and magnesium stearate. The capsule shells contain gelatin, titanium dioxide, and one or more of the following: D&C Red #28, D&C Yellow #10, FD&C Blue #1 and FD&C red #40.

NEED INFORMATION OR HAVE A QUESTION?

This is only a summary of important information. Ask your doctor or pharmacist for complete product information. Go to www.Vyvanse.com. Or call 1-800-828-2088.

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Shire

This Medication Guide has been approved by the U.S. Food and Drug Administration.
02/07 LDXBS3

The Dog Who Can See Your Soul

Rescue dog Kinsey has a sixth sense for people in pain



Nan Stuart scanned the classroom in Columbus, Ohio, looking for her 12-year-old golden retriever, Kinsey. Moments earlier Kinsey had been at Stuart's side as she taught a class on rescuing animals to about 30 animal-cruelty investigators and veterinary professionals. It's something that the pair does about 30 times a year. Suddenly the dog—ordinarily a model of obedience—was AWOL.

Then Stuart spotted Kinsey just outside the classroom, walking alongside one of the students. When Stuart called to her, Kinsey looked at her owner but stuck close to the man until he was safely seated inside. In a flash Stuart realized that neither she nor the rest of the students had noticed that their classmate was blind.

Detecting situations in which humans need physical assistance is the least of Kinsey's gifts; she can also pick up emotional cues, Stuart reports. "During one training session Kinsey walked into the audience, sat down and pressed her body against a woman's leg." Moments later the woman, who worked at an animal shelter, burst into tears. She then revealed that she'd just received a phone call telling her that an abused dog she'd been caring for had died.

Stuart, 53, grew up on a cattle ranch near Bellevue, Idaho, where her family looked after horses, dogs, cats and the occasional critter rescued from the wild. After graduating from Sweet Briar College in 1975 with a degree in anthropology and sociology, Stuart became a state humane officer in California and served there for 13 years.

While at college she met Eric Bagdikian, who subsequently became a California law enforcement officer and, in 1980, her husband. Fifteen years after Nan and Eric married they left police work and moved to Colorado to focus on what they

CONTINUED

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Nan Stuart and Kinsey rest after a training session.

loved best: animal rescue training sessions. The name of their enterprise is Code 3 Associates. ("Code 3" means full emergency in law enforcement terminology.)

The business has two functions: It teaches animal rescue and responds to disasters across the country, from California forest fires to Hurricane Katrina. When a tornado demolished much of the tiny agricultural town of Holly, Colorado, this past April, residents called in Code 3 Associates, which built temporary housing for the town's dogs and other household pets and worked to reunite owners with their lost companions.

Kinsey's superior intelligence and unflappable calm were exactly what Stuart was looking for when she purchased the 6-week-old bundle of rust-colored fur in 1995 from a Lovell, Wyoming, breeder and brought her home to join two other training dogs, a cat and two horses. First Kinsey learned basic skills, such as how to respond to Stuart's hand, voice and whistle signals. Then Kinsey began years of more-specialized preparation. When Kinsey and Stuart teach Code 3's students to save injured dogs, for example, Kinsey plays the part of the injured animal. She lets trainees assess her "wounds," practice treating them, then load her onto an animal litter. During this process Kinsey obeys Stuart's changing commands to cry, struggle, cooperate or play dead. "She's the smartest dog I've ever seen," says Stuart—and the most intuitive.

Janice Siegford, Ph.D., a research assistant professor of animal science at Michigan State University, explains Kinsey's seeming ability to read minds. What dogs pick up, she says, are behavioral cues such as body posture, facial tension, even a widening of the eyes. They can detect "very subtle things, like the fact that the corners of your mouth are tight, things we don't realize are happening," she says. Stress gives dogs important clues as well. When we are anxious or afraid, our voices rise in pitch and our adrenal glands excrete cortisol, according to Dr. Siegford. The result? We look, sound and may even smell different to dogs.

Not all dogs are as observant as Kinsey, though. Rolan Tripp, D.V.M., founder of AnimalBehavior.net and affiliate professor of applied animal behavior at Colorado State University, says every dog has some of Kinsey's people-whispering aptitude, "just as every human has some ability in sports." But, he adds, "only a very few become superstars." It's Kinsey's unique combination of genetics, temperament and intelligence—all enhanced by training—that produces such exceptional results.

Eventually Kinsey went beyond impressing Stuart; the retriever taught her owner a very personal lesson. In 2001 Stuart's father, a widower, broke his hip in a fall. Stuart, who is close to her dad, decided to take Kinsey with her while she stayed at his home in Idaho during his convalescence: "He needed her," she says. Kinsey stayed by Stuart's father's side, assisting the human caregivers by fetching things for him and picking up his cane when he dropped it.

After his recovery Stuart's dad moved into a house near where she and her husband live in Colorado. Two years later, however, her father was hospitalized following a massive stroke that partially paralyzed his right side, impaired his speech and caused him to feel depressed.

When Stuart took Kinsey to the hospital to visit her dad, he immediately brightened. "Most of the time she stayed on my father's bed, with her nose in his hand," Stuart says. Slowly, he began to respond. "Kinsey actually started Dad's physical therapy by placing one of her squeeze toys in his right hand," Stuart marvels.

"I've seen the beauty of love," she says of caring for her father, who has continued to recover. "And Kinsey has taught me the secret ingredient: selfless devotion."



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By Judith Viorst

TO *Grandmother's* HOUSE WE GO

For three madcap months our son, our daughter-in-law and their infant, toddler and 5-year-old moved in and plunged our normally peaceful home into an uproar. What followed was a lesson in personal growth I won't soon forget

Normally, my husband, Milton, and I are a household of two. Our three sons, three daughters-in-law and seven grandchildren are spread near and far in homes of their own. Three times a year everyone comes to us for a big family gathering during which we squeeze the out-of-towners into our house for three or four days. At the moment, however, we are sharing our home for 90 (yes, that's *nine-zero*) days with our CONTINUED

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Childhood is Calling.

youngest son, Alexander, his wife, Marla, and their three kids, Olivia, 5, Isaac, almost 2, and Toby, 4 months. They have moved in with us because their house—located, like ours, in Washington, D.C.—is undergoing a major renovation, and Milton and I have refused even to entertain the notion that they rent temporary quarters for the duration. I am quite determined to seize this once-in-a-lifetime opportunity as a way not only to strengthen family ties and get to know my grandchildren intimately but also to achieve that elusive quality known as "personal growth."

Now you might think that the joint family visits three times a year would prepare me for having a family of five in residence. You would, however, be wrong. Did dating prepare me for marriage? Baby-sitting for parenthood? Scrambling an egg for making a soufflé? I rest my case.

Ours is a three-story Victorian house replete with a wraparound porch and a balcony. On the first floor there are a living room, a dining room, a library, a kitchen and a bath; on the second, a bedroom, two bathrooms and two offices (both Milton and I work from home). The third floor—composed of three bedrooms, one bathroom, one tiny treadmill room and a central sitting room—is where our three sons grew up and where the Alexander Five are now ensconced. That floor is equipped with a vast array of child-oriented amenities, from games, puzzles and stuffed animals to diapers, strollers and car seats. What is not and will never be present are Play-Doh, painting supplies and containers of glue, on the grounds that no matter how washable such materials are claimed to be, I don't intend to test those claims in my house. There are limits to any woman's potential for personal growth; these, I'm prepared to concede, represent mine.

I also want to state at the outset that I intend to be shamelessly overprotective of my grandchildren. Issuing frequent warnings. Assuming that if they can do themselves harm, they will. Treating silence not as evidence that they are playing quietly but rather that they are engaged in something likely to lead to a trip to the ER. This hypervigilance will seriously curtail my leisure reading, but I don't care. It will also curtail my sleep, but I don't care. It need not disturb another adult in this house. All I ask is for no one ever to say to me, "Don't worry so much. *Relax.*"

Because I'm not going to relax, okay? When my sons were little they shared a hamster that lived in a cage on the third floor. One night the hamster escaped from his cage, slipped between the railings of our stairway and plunged straight down to the hall of our first floor. Miraculously it survived and managed to live for a few more years, but I always believed that it suffered serious brain damage—though admittedly it's hard to tell if a hamster has brain damage. In any case, this accident left me with the fear that a child might fall all the way down from the third to the first floor. People constantly pointed out to me that the three-inch space between railings is sufficient for a hamster to squeeze through, but not a child. I faulted these people for lacking an appropriate degree of overprotectiveness.



Alexander moved in a few days ahead of the rest of the family because Marla had taken the children to visit her parents in Michigan as the renovations got under way. Our son came bearing hangers and suitcases full of summer wardrobes for everyone, including Olivia's pink-sequined flip-flops and Supergirl shirt. He came with cartons of toys, books, beauty products and kids' DVDs, plus a jogger, a baby swing, one wagon, two cars and four bicycles, all of them his. He even brought his own special coffee and pot, spurring my CONTINUED



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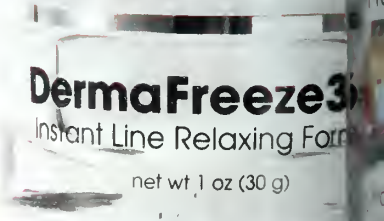
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husband to inquire, "What, the coffee I make isn't good enough?"

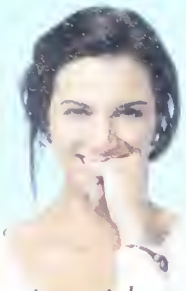
He arrived, in short, with possessions sufficient to fill every inch of the third floor, plus many of the nooks and crannies on the floor below. After some 15 sweaty trips back and forth, he had transferred most of his family's possessions from their house to ours and settled into the bedroom of his boyhood.

Then she arrived, my beautiful golden-haired daughter-in-law, with her adorable, weary, weeping, food-stained brood, surging into the house with what looked like two dozen more pieces of equipment. I was delighted to see them, but I also felt rather as if I were Civil War Atlanta and they were General Sherman's troops. Listening to my tale of family love and occupation, my friend Hanna later offered a helpful perspective. "Be grateful," she said as she poured me a generous glass of chardonnay, "that they don't own a dog."

Now I've said that the Alexander Five are living on the third floor, but of course they're living in the entire house. I did have a few initial fantasies about putting up a gate at the top of the stairs—like a baby gate, except to restrain the whole family—but my mother taught me long ago that when you're giving, you need to give with both hands. I'm trying to follow that rule and forget about the unspoken rules I've composed in my head. (Unspoken Rule Number One: Of all the places that chocolate should *not* be eaten, the first is the wine velvet chair in the library.) So the grandchildren dribble their drinks in our hallway, play with mice (the computer kind) in our offices, try on my jewelry in our bedroom, push the TV buttons in our library and toss pillows off our couch in our living room, while their parents try simultaneously to subdue them and deal with the crises coming over their BlackBerrys.

Not that I mean to sound critical of Alexander and Marla's parenting style, which on a scale from one to 10 is 15. Not only is their marriage astonishingly egalitarian (I like to think that Milton and I can take some credit for that), they are near perfect parents: They meltingly love their kids, delight in their kids, understand their kids, but set limits, teach them manners, discourage whining and lavish them with kisses, hugs and extravaganzas of praise along with, whenever warranted, a "no" and a "stop that right now." There are certainly times when, sleep-deprived and faced with three children screaming all at once, one or the other will say, "If they weren't so adorable, I'd kill them." But remembering, as I well do, my own former Desperate Mother days ("Do that one more time and I'll break your kneecaps" was, I'm afraid, my threat of choice), I am stunned at how beautifully my son and daughter-in-law balance demanding careers and devoted parenting.

On weekdays Marla and Alexander arise at dawn's early light, often roused by their children, and instantly swing into dress them, feed them, let's get out of here-fast CONTINUED



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THE SPILLAGE, BOTH LIQUID AND SOLID, IS *often* TORRENTIAL

norning mode. When I emerge from ny bedroom at 7:15 or 7:30 (Milton isually follows 15 minutes later), Olvia, fully dressed and sitting cross-egged on the floor outside my door, nnounces in reverential tones more uitable to "Elvis is leaving the build ng" that "JuJu [my grandmother ame] is up!"

Down in the kitchen I open my rms to the soft, sweet bundle of Toby, who guzzles his bottle of formula solemnly, tightly gripping my inky and gazing deeply into my yes as if I alone hold the secret to is happiness. Isaac, greeting me vith a trick I recently taught him, uffs his cheeks out and then punch-s them with his fists to make a satis-ying *pop-pop-pop-pop*. While I might refer that he think of me as story-ook-reading JuJu rather than cheek-unching JuJu, I feel warmly welcomed by my temporarily irre-istible grandchildren.

The operative word here: "Tem-orarily."

Marla and Alexander, on their feet and on the move, are swilling coffee and taking bites of bagels while matching small shoes to small feet, ponytailing a tangle of long yellow hair, preparing Olivia's lunch, Isaac's snack and a couple of Toby's backup bottles, stuffing the food and some changes of clothes and various other necessities into backpacks, and persuading two, sometimes three, kids that they still love the breakfast they loved 10 seconds ago. But Isaac is dumping his Cheerios on the floor, Toby is letting us know, via screams, that happiness can no longer be found in a bottle and Olivia is defending her right to eat a bowl of berries that consists of three measly berries and eight spoonfuls of sugar.

"Hey, girlfriend," Alexander says, "the idea is berries with sugar, not sugar with berries."

Olivia rejects these proportions. And Toby isn't accepting a pacifier as a replacement for his now-despised bottle. Nor does Isaac find Frosted Flakes a suitable alternative to his rejected Cheerios. There is, at the moment, much crying in the kitchen.

Marla and Alexander—scolding, cajoling, comforting, chastising, pleading, insisting and sometimes threatening dire punishment—focus on getting their family ready to leave. Miraculously, they are able to make this happen and they're on their way to work, driving down town in two cars with CONTINUED


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[1]American Heart Association, www.americanheart.org

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the children strapped into three different versions of car seats, Marla and Olivia going in one direction, Alexander and the two boys in another.

Milton and I are exhausted just watching these high-octane mornings. The spillage, both liquid and solid, is often torrential. The din and the demands go on nonstop. But Marla says she feels much luckier than most. "Our children are healthy, our day care is great, our bosses are understanding and you and Milton are right here. I know plenty of working moms with none of those advantages." And yet, she adds, "I'd have to say that we're always living on the brink of chaos."

Having it all, Marla says, is not an option. "Someday I'll play the piano again and work out every day, plant a vegetable garden, do regular volunteer work, spend more time with my husband and entertain like Martha Stewart instead of serving salsa, chips and beer. But right now?" she says unapologetically. "Right now there's no Martha Stewart in my life."

Nor, right now, is there much Martha Stewart in mine. Indeed, a three-letter word describing the state of our household would be *sty*. But having the Alexander Five in residence has taught me some valuable lessons about myself. I have discovered, for instance, a heretofore-unknown ability to tolerate (because there is no alternative) levels of disorder I thought I couldn't possibly abide. While I may not be the cleanest person in the world, the serenity of my soul requires neatness. If I were someone given to displaying framed needlepoint epigrams on the wall, mine would unabashedly read "A PLACE FOR EVERYTHING AND EVERYTHING IN ITS PLACE." But with three small children living in this house—even with their parents, ever vigilant, ever diligent, picking up after them—disorder is the order of the day.

To fully grasp what a psychic leap it is for a person like me to live, day after day, in a messy house, you have to know about my second-floor linen closet. What I am about to confess is both embarrassing and revelatory; I hope it won't be held against me. For I am a woman whose linen closet holds five big shelves displaying, along with linens, Band-Aids, cough drops, toilet paper, Pepto-Bismol, nail polish and shampoo, disposable razors, Tylenol and toothpaste, all of which have been organized—lovingly, *carefully* organized—into groups. Each group has then been assembled behind a handsome, blue-bordered label bearing my hand-printed inscriptions: CUTS AND BRUISES, COLDS AND VITAMINS, SHAVING, HAIR, TEETH and (in a burst of inspired alliteration) BOWELS, BELLY and BEAUTY.

Not everyone—I won't name names—during the stay of the Alexander Five has been as committed as I have been to keeping all items in their clearly labeled locations. But have I once complained? No, I have not, though I did surreptitiously restore to their designated spots some razors that wound up in COLDS AND VITAMINS and a tube of Crest casually tossed into BELLY. And not only have I managed to ignore the assorted assaults on my linen closet, but I've also ignored similar ones on my refrigerator, my office and my kitchen floors—never once suggesting, for instance, that the food that Isaac and O dribble everywhere might explain our recent influx of mice (the furry kind). I've even held my tongue at the clear evidence that

y wine velvet chair has had some illicit
ıcounters with chocolate.

"Why does it always have to be neat?"
livia inquires, as she plays in my jewelry
ox, mixing up the pearl with the silver ear-
ıgs, the necklaces with the bracelets, the
ıgs and the pins with the earrings, the
cklaces and the bracelets, until the sepa-
te sections—with a place for everything
ıd everything in its place—are utterly in-
stinguishable.

"Because I like it that way," I say, remov-
g a glittery choker from her grasp and
turning it to the choker section, prepared
insist on my absolute right to retain a few
maining enclaves of orderliness. But then
e reaches out and strokes it, saying, "It's
beauty-full, JuJu. Can't I just hold it?" tilt-
g her head in her irresistible way and
aking me feel like one of those terrible
people who cares more about objects than about human beings.

"Okay," I say, and soon her fingers are roaming through my jewelry box once again, lifting up this, cooing "*beauty-full*" over that. I tell myself that there will be plenty of time, after they all move out, to care more about objects than about human beings.

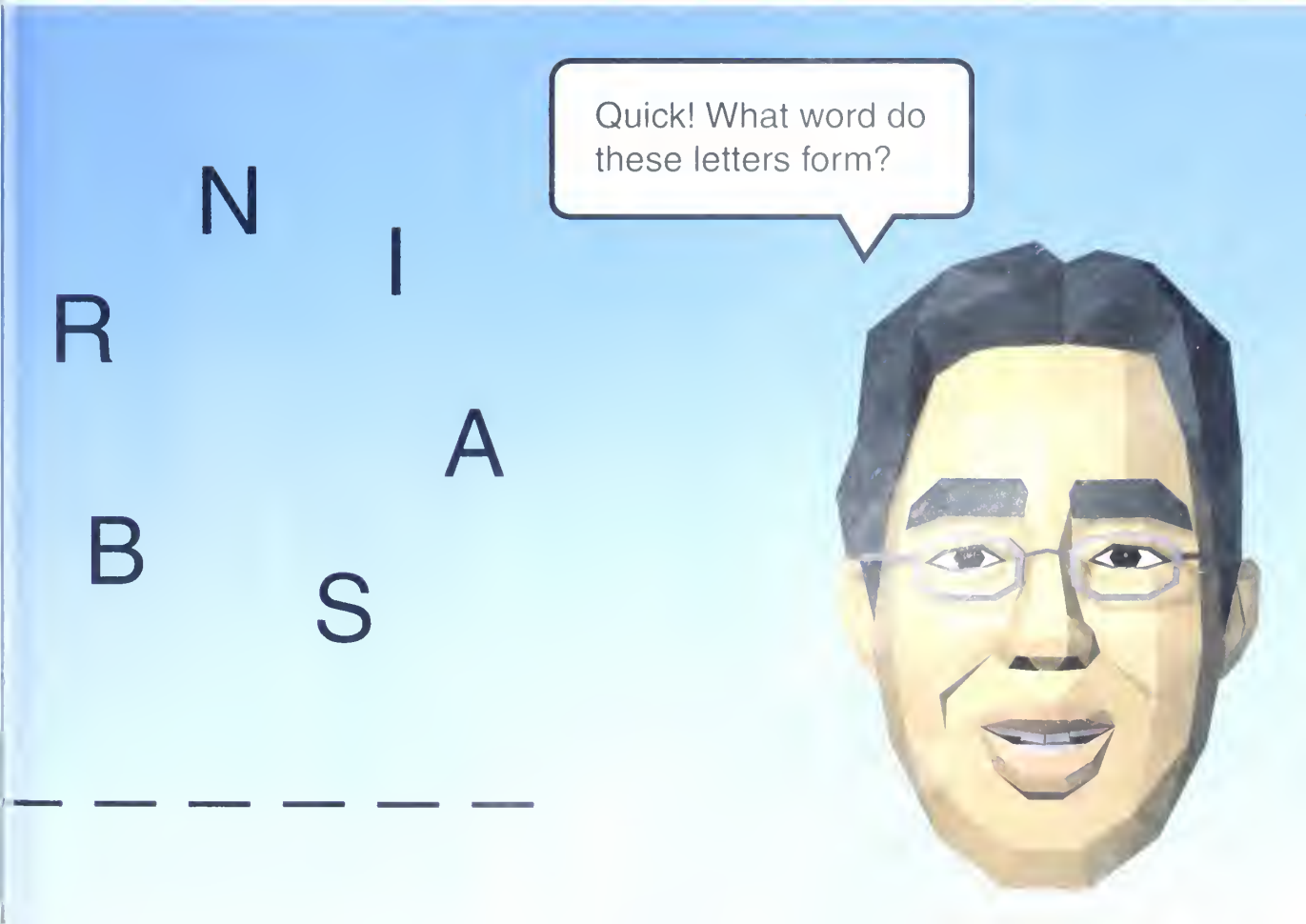
Another insight that I have been granted by this whole experience is that lurking deep inside my rigid soul is the capacity to be flexible when the situation demands. (Dare I call this capacity "personal growth"? Yes, I believe I do.) Witness my newfound ability to live with an almost utter lack of privacy. While Marla and Alexander are careful not to invade my personal space, little O shows no such inhibitions. Weekends and evenings, vacation days and sick days, whenever I am at home and she is around, there is no place I can go where she doesn't feel free to follow, singing songs, asking questions, offering tidbits of information and talking talking talking talking talking.

"Are Louis Armstrong and Lance Armstrong brothers?"

"Isaac and ice cream and iPod all start with 'I.'"

"Dragons are make-believe but giants aren't."

When I am at my computer, having told O that CONTINUED



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*Basic manicure, not perfect. Except rewarded mani acrylic, gel or tips.

For more information about Susan G. Komen for the Cure®, call 1 800 I'M AWARE or visit www.komen.org.

To enter, write to Get in the Pink Contest, Ladies' Home Journal, 125 Park Avenue, 25th Floor, New York, NY 10017. Contest begins [illegible] and is open to residents of the U.S. (excluding Puerto Rico) who are [illegible] by May 31, 2008. Void where prohibited by law. Limit one entry per person. Entries must be received by [illegible]. Winners will be selected in a random drawing from all eligible entries received by [illegible]. Prizes: Grand Prize (1) includes a mani/pedi party for the winner and up to ten guests at the winner's home, catered with "pink" snacks and drinks, a bottle of OPI Pink of Hearts Nail Lacquer, a Ladies' Home Journal® mini manicure set and at-home nail care tips for each guest; approximate retail value $[illegible]. Runner-Up (10) will receive a bottle of OPI Pink of Hearts Nail Lacquer and a Ladies' Home Journal® mini manicure set; approximate retail value $[illegible]. Winners will be notified by [illegible] and must sign and return an affidavit of eligibility and release of liability within [illegible] days of notification. Winners consent to the use of their name, address, photograph, likeness and statements for publicity purposes without additional compensation. Odds of winning depend on the number of eligible entries received. Sponsor: Meredith Corporation, 125 Park Avenue, 25th Floor, New York, NY 10017.



I am trying to finish some serious work, she stands by my desk asking, "When will you stop being serious?" When I am in the bathroom—there are four of them in our house—she sits on the floor inquiring, "When is it my turn? I want to use your potty." Whenever I answer the telephone, she hovers at my side, wondering whom I'm talking to, what I'm talking about and how long it's going to be before I hang up.

Showering, bathing, exercising, sleeping, tweezing my eyebrows, shaving my legs, putting on makeup, polishing my nails, I rarely—if Olivia is anywhere on the premises—am alone. And despite the fact that I am a person who can be quite happy spending a day, maybe even two, without company or even a phone conversation, I find that I relish every moment of our time together.

Because she's so interesting. Because she's so much fun. Because she's both bossy and sensitive, silly and smart. And because the way she looks at everything so thoroughly, so thoughtfully, so questioningly, so full of amazement and joy, keeps prompting me to open my eyes and notice (as Lance's brother Louis would have it) that it is, indeed, a wonderful world.

Of course, I also took pleasure in my own children when they were growing up. They delighted me and certainly opened my eyes. But I often felt squeezed in a vise by the constant, concurrent demands of motherhood, marriage and a career. On any given day, as I sped from carpool duties to grocery shopping and wrote for three or four hours before picking up the boys to buy jeans or get shots, I would have throttled anyone who suggested that I stop and smell the roses. And while I believe that being a mother today is harder, I wouldn't want anyone to get the impression that it was easy back in my day. It most assuredly was not.

But if motherhood is difficult, being a grandmother is marvelously simple, filling our hearts with uncomplicated happiness and our wallets with shameless numbers of photographs. In our relationships with our

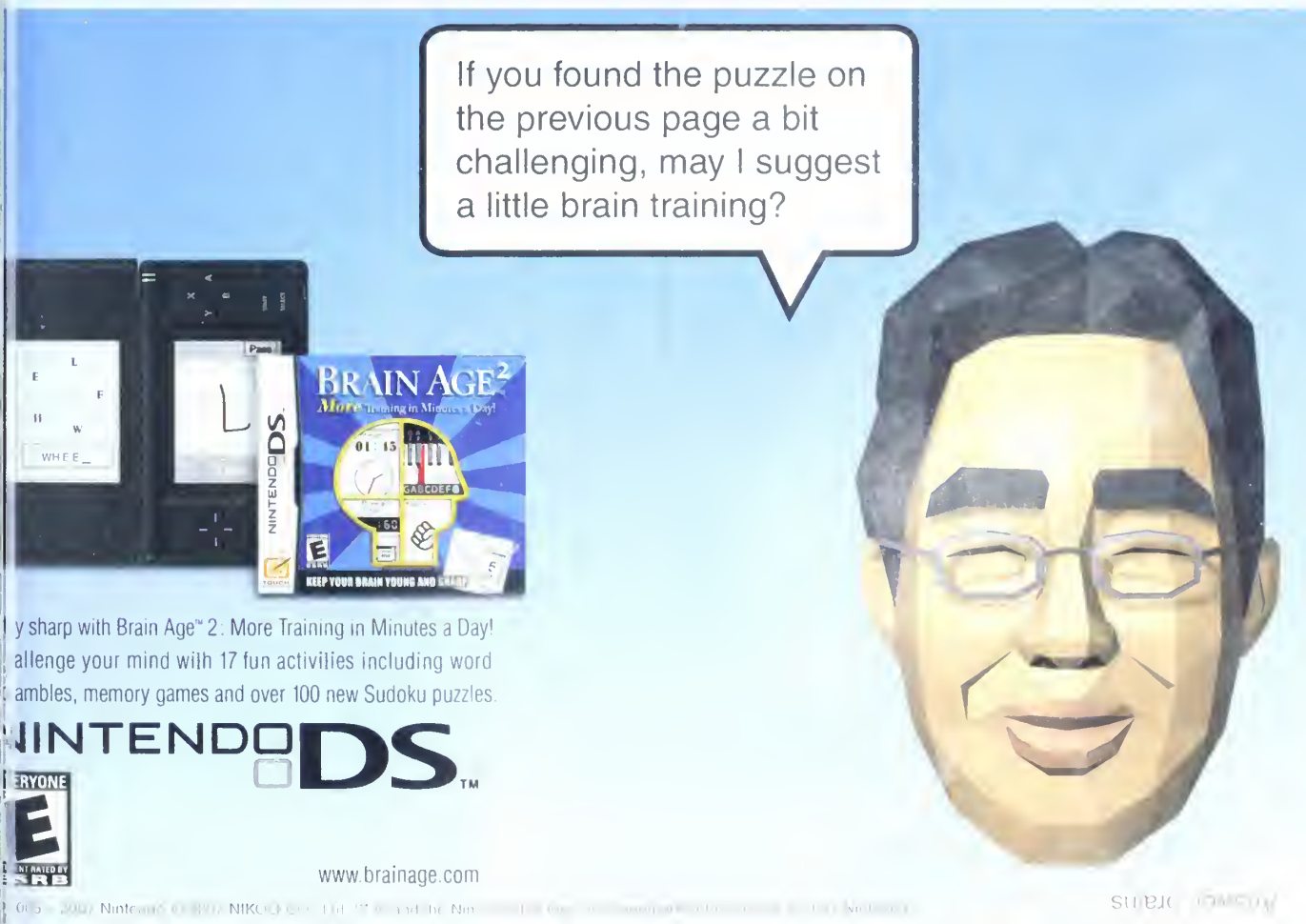
andchildren there are fewer obligations
id more enjoyment, fewer expectations
id more acceptance, fewer lessons and a
t more laughter, fewer vegetables and
ore dessert. It's delicious being a grand-
rent. I love being a grandparent. Being a
andparent, which I've heard described as
arenthood one step removed," turns out,
ore precisely, to be parenthood one bliss-
l step removed.

Halfway through the third month of the Alexander Five's residency Milton and I take off for a 17-day vacation. And although their novation will not be done by the time we t back, it will, Marla and Alexander as- re us, be done enough. They will be mov- g out while we are gone.

And so it is that we return to an empty house. It's the classic good news/bad news scenario. The good news, of course, is the folding of our three story nursery school and the repossession of our grown up life. The restoration of breakables to their former locations. The filling up of vases with water and flowers. The banishing of chaos from every shelf. The revival of leisurely, dignified dining replete with background music, place mats and adult conversation. On these mornings Milton and I can be found in the kitchen sipping our coffee and reading the newspapers with only the headlines to disturb our digestion. On these evenings we can be found in the dining room sipping Shiraz and quietly chatting, with only telephone solicitations to disturb our peace. Our life is back to being civilized.

The bad news is that after three months of the noisiness, mess and entanglement of living side by side, cheek by jowl, tush by tush, with our boisterous, beloved Alexander Five, life sometimes feels too damn civilized.

Excerpted from *Alexander and the Wonderful, Marvelous, Excellent, Terrific Ninety Days*, by Judith Viorst, to be published by Free Press, a division of Simon & Schuster, Inc. Copyright 2007 by Judith Viorst.





How to Save $$$ On Your Next Car

Find out what you really need to cut your gas bill. Hint: There's more to it than just hybrids

With gas prices topping out at well over $3 a gallon—and the concern that they may go even higher—most people in the market for a new car are almost certainly thinking about buying one with good fuel economy. If that's you, you're no doubt interested in doing your bit for the environment, too. Small cars are the friendliest on gas, but what if buying a tiny subcompact isn't a practical choice for your family?

When it comes to choosing a new car with good gas mileage, size isn't the only important consideration. The type of engine under the hood matters, too, as well as what kind of fuel you feed it. Here are some options to consider:

Engine type: There are three basic types of engine: conventional gasoline, gasoline/electric hybrid and diesel. Hybrids, for the most part, get the best fuel economy and have lower environment-polluting emissions because many are able to run at low speeds completely on the electric motor. But not all hybrids available right now actually deliver on the promise of much higher than average mileage (that is, over 30 miles per gallon). A few that do, according to the Environmental Protection Agency's 2008 estimates: the Toyota Prius (48/45 city vs. highway mpg), the Honda Civic Hybrid (40/45), the Toyota Camry Hybrid (33/34) and the Nissan Altima Hybrid (35/33). Some other hybrids use larger, more powerful (usually V-6) engines and bigger, heavier electric motors to give more power and acceleration at the expense of fuel economy, which is leading to unsatisfied customers who thought buying a hybrid of any size or power would reward them with fuel-economy bragging rights.

While diesel engines (which run on diesel fuel rather than regular gas) offer great mileage—40 or 50 mpg in smaller cars—they produce more soot and particulate matter, and some states, including California, have banned their sale for that reason. That will change in 2008. New emissions-control technology and the advent of low-sulfur diesel fuel mean that cars with diesel engines will run much cleaner and they will certainly become more widely available. General Motors promises these new diesel cars by 2010.

With conventional gasoline engines, you often have a choice of engine power (four, six or eight cylinders). The base engine that the car or truck comes with is powerful enough to give the vehicle perfectly adequate—but not hot-rod—power. Moreover, CONTINUED



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Knee replacement is not for everyone. There are potential risks. Recovery takes time, and success depends on factors like age, weight and activity level.

Wei-Hsiu Hsu, *et al.* Differences in Torsional Joint Stiffness of the Knee Between Genders. *Am J Sports Med.* May 2006; 34 (5): 765-770.

DePuy Orthopaedics, Inc. 2007

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as a result of technological advances, new four-cylinder engines are more powerful and have better pickup than used to be the case. So, given a choice of engine power in the model of car you are considering, the base engine will usually do just fine. Also, it will probably provide you the best fuel economy.

Bottom line: If you want 30 mpg you will need to buy a pure hybrid, but if you can wait until 2008, keep diesel in mind. If you buy a conventional gasoline-engine car, go with the base engine.

Transmission: Very few vehicles today (and no hybrids) offer a manual transmission. If available, it's the best choice for gas mileage. Automatic transmissions are the norm, and the more speeds, the better. A five- or six-speed transmission, compared with the common four-speed, will result in better acceleration and better highway fuel economy. Some cars, and most hybrids, now offer something called a CVT (continuously variable transmission) that is simply a transmission with a nearly infinite number of speeds, which allows the car to always run in its most economical range.

Bottom line: If you have the option, choose the transmission with the highest number of forward speeds; a CVT has the most.

Alcohol fuel: In most of the country, gasoline is blended with 10 percent ethanol alcohol made from corn, which burns cleaner and therefore reduces greenhouse gas emissions. But car manufacturers have recently been marketing so-called flex-fuel vehicles (such as the 2008 Chevrolet Impala and Jeep Grand Cherokee) that can run on a mixture called E85, which is 85 percent ethanol and 15 percent regular gasoline, as well as on all-gasoline fuel. Currently E85 is readily available only in certain Midwestern states. Using it means even lower emissions and less reliance on imported oil. Unfortunately, this fuel has less power than pure gasoline and will put a big dent in your car's fuel economy. For example, a 2008 Chrysler Sebring V-6 sedan's fuel economy rating is 19/27 mpg on gasoline but is 14/20 on E85.

Bottom line: E85 is a green but not economical choice.

HOW TO PUMP MORE $$ OUT OF YOUR CURRENT CAR

No matter how large or small your car is, you can increase your fuel economy by as much as 20 percent with these ideas:

$ Get the extra junk out of your trunk. Every additional 100 pounds can lower your mileage 2 percent.

$ Keep the engine well tuned and change the oil as often as the manual suggests. It's important to follow the manufacturer's suggested maintenance and service intervals.

$ Make sure that the tire pressure is up to specifications. Underinflation can cause significant mileage loss. Even one pound per square inch (psi) below the recommendation can reduce mileage 3 percent.

$ Plan your trips. Fuel economy and emission levels are the very worst when you first start your car and the engine is cold. If you can drive so as to keep the engine warm, your mileage will be better. Making multiple short trips in close succession to run chores, say, instead of spacing out the trips over days, will cut that cold-start problem.

$ Watch your speed. Driving above 65 miles per hour can have a significant effect on fuel economy, as can speeding up and slowing down. It's best to go with the traffic flow. When you reach cruising speed, back off on the accelerator a little. Your car won't slow down much, but your mileage will increase.

$ On the highway, where wind resistance is a factor, keep the windows closed: Using the air conditioner, rather than keeping the windows open, will improve mileage. Similarly, if you have a roof rack, remove the crossbars if there are any, since they add wind resistance.

$ In gas-powered cars, treat the brakes as carefully as the accelerator. Coast as much as possible on hills or when approaching a stop, rather than braking suddenly.

$ Use regular gasoline and save 20 cents a gallon. Premium gas is rarely needed except for cars with high-performance engines. Read the manual carefully. Many say that premium gas is recommended "for best performance" but allow that regular may be used. Even if the manual does not give this option, premium is really required only for drivers who demand the most acceleration at wide-open throttle (which means putting the pedal to the metal). For the rest of us who drive sensibly, filling 'er up with regular gas is a smart way to save money—to the tune of $4 per fill-up if your tank holds 20 gallons.

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'rescription Lyrica is not for everyone. Some of the most common side effects of Lyrica are dizziness and eepiness. Others are dry mouth, swelling of hands and feet, blurry vision, weight gain, and trouble concentrating. ou may have a higher chance of swelling or gaining weight if you are also taking certain diabetes medicines. And, you drink alcohol or take medicines that make you sleepy, you may feel more sleepy when you start Lyrica. You nould not drive a car or work with machines until you know how Lyrica affects you. Tell your doctor about any hanges in your eyesight, muscle pain along with a fever or tired feeling, or skin sores due to diabetes. Also tell your octor if you are planning to father a child. If you have had a drug or alcohol problem, you may be more likely to nisuse Lyrica. You should talk with your doctor before you stop taking Lyrica or any other prescription medication. *'lease see important product information on adjacent page.*

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IMPORTANT FACTS

LYRICA® PREGABALIN capsules (LEER-i-kah)

IMPORTANT SAFETY INFORMATION ABOUT LYRICA

LYRICA may make you feel dizzy or sleepy.

- Do not drive a car, work with machines, or do other dangerous things until you are sure you will be alert. Ask your doctor when it is okay to do these things.

LYRICA may cause problems with your eyesight, including blurry vision. Call your doctor if you have any changes in your eyesight.

ABOUT LYRICA

LYRICA is a prescription medicine used to treat:

- Nerve pain from diabetes
- Nerve pain that continues after the rash from shingles heals

This pain can be sharp or burning. It can feel like tingling, shooting, or numbness. Some people taking LYRICA had less pain by the end of the first week. LYRICA may not work for everyone.

WHO IS LYRICA FOR?

Who can take LYRICA:

- Adults 18 years or older with nerve pain from diabetes or after shingles

Who should NOT take LYRICA:

- Anyone who is allergic to anything in LYRICA

LYRICA has not been studied for nerve pain in children under 18 years of age.

BEFORE STARTING LYRICA

Tell your doctor about all your medical conditions.
Tell your doctor if you:

- Have or had kidney problems or dialysis
- Have heart problems, including heart failure
- Have a bleeding problem or a low blood platelet count
- Have abused drugs or alcohol. LYRICA may cause some people to feel "high."
- Are either a man or woman planning to have children or a woman who is breast-feeding, pregnant, or may become pregnant. It is not known if LYRICA may decrease male fertility, cause birth defects, or pass into breast milk.

Tell your doctor about all your medicines. Include over-the-counter medicines, vitamins, and herbal products. Tell your doctor if you take:

- Rosiglitazone (Avandia®)* or pioglitazone (Actos®)** for diabetes
- Narcotic pain medicines such as oxycodone, tranquilizers, or medicines for anxiety such as lorazepam
- Any medicines that make you sleepy

POSSIBLE SIDE EFFECTS OF LYRICA

LYRICA may cause serious side effects, including:

- Dizziness and sleepiness
- Eyesight problems
- Weight gain and swelling of hands and feet. Weight gain may affect control of diabetes. Weight gain and swelling can be serious for people with heart problems.
- Unexplained muscle pain, soreness, or weakness along with a fever or tired feeling. If you have these symptoms, tell your doctor right away.
- Skin sores. In LYRICA studies, skin sores were seen in animals but not in humans. If you have diabetes, pay extra attention to your skin. Tell your doctor about any skin problems.

The most common side effects of LYRICA are:

- Dizziness
- Sleepiness
- Swelling of hands and feet
- Blurry vision
- Weight gain
- Trouble concentrating
- Dry mouth

You may have a higher chance of swelling or gaining weight if you are taking certain diabetes medicines with LYRICA. Medicines that already make you sleepy or dizzy may make you feel more sleepy or dizzy with LYRICA.

HOW TO TAKE LYRICA

Do:

- Take LYRICA exactly as your doctor tells you. Your doctor may tell you to take it 2 or 3 times a day.
- Take LYRICA with or without food.

Don't:

- Do not drive a car or use machines if you feel sleepy while taking LYRICA.
- Do not drink alcohol or use other medicines that make you sleepy while taking LYRICA.
- Do not change the dose or stop LYRICA suddenly. You may have headaches, nausea, diarrhea, or trouble sleeping if you stop taking LYRICA suddenly.
- Do not start any new medicines without first talking to your doctor.

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- Go to **www.lyrica.com** or call **1-888-9-LYRICA (1-888-959-7422).**

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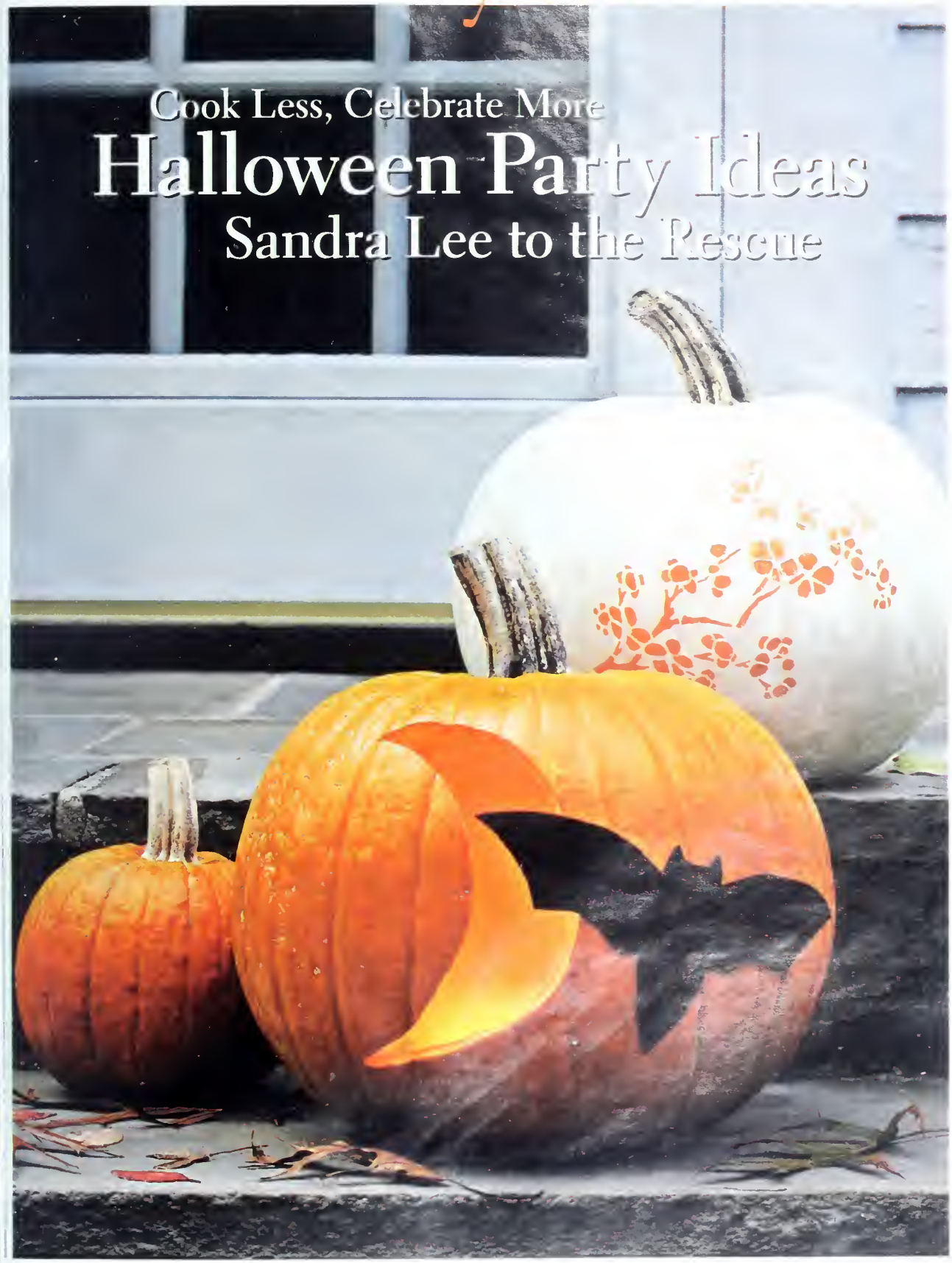
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Cook Less, Celebrate More

Halloween Party Ideas

Sandra Lee to the Rescue





Simple

Semi-pleasures

Sandra Lee feels your pain. She knows that at the end of an over-scheduled day, the last thing most women want is a fast-food fix or a dinner recipe that requires advanced degrees in flambéing and infusing. Enter Lee's "semi-homemade" rescue plan: Combine ready-made ingredients with a few creative twists to make crowd-pleasing dishes that demand only a fraction of the time, energy and patience.

As a result, Lee, 41, enjoys an enthusiastic following of millions who have made her cookbooks best sellers and her Food Network series, *Sandra Lee Semi-Homemade*, a hit. On that show her set is an oasis of aesthetic harmony and cozy femininity. The kitchen is white with color-coordinated accents; the day's exotic blooms match the window valance, her own blouse, even the shade of her lipstick. Against this backdrop she gives cooking instructions in the upbeat and authoritative tones of your most-admired home economics teacher.

But semi-homemade is no casual obsession for Lee; domestic skills literally saved her life. She is the eldest child of a teenage mother who became incapacitated when Lee was just 9. Lee was forced to step up and run the household, plus care for her four younger siblings. The experience taught Lee to be organized, resourceful and, above all, practical.

Today Lee, who is divorced from business mogul Bruce Karatz, is a career and financial success. She is dating Andrew Cuomo, New York state's attorney general (whose 12-year-old twin daughters, Mariah and Cara, and 10-year-old daughter Michaela, have appeared on Lee's show). Lee is also close to her siblings and her eight nieces and nephews. Between those family ties and her many projects (a memoir is due out this November), she remains perhaps the biggest fan of the rewards of simplicity. "Life is about being with family and enjoying each other," Lee says. "It's not about whether you make your own bouillabaisse."

CONTINUED

PHOTOGRAPHED BY MELANIE DUNEA



MAKES 12 MINI CAKES OR
1 LARGE CAKE
Prep time: 25 min
Total time: 1 hr 20 min

Vegetable cooking spray
1 box (18.25 oz) lemon cake mix
1 box (3.4 oz) instant lemon pudding and pie filling mix
⅓ cup vegetable oil
3 large eggs
12 fall nosegays, for garnish
2 cups confectioners' sugar, sifted
1 cup purchased lemon curd, stirred
Orange food coloring
Fabric leaves, for garnish

◆ Preheat oven to 350°F and arrange rack in center. Lightly coat 2 (6-cup) mini bundt-cake pans or 1 large bundt-cake pan with cooking spray; set aside. Beat together cake mix, pudding mix, 1¼ cups water, the oil and eggs in a large mixing bowl on medium speed 2 minutes. Divide batter among prepared pans (or pour all into large pan).

◆ Bake until a toothpick inserted in centers comes out clean, about 30 minutes for mini cakes, about 35 minutes for large. Transfer cake(s) in pans to a rack and let cool 15 minutes. Invert cake(s) onto rack, remove from pans and let cool completely. Trim stems of nosegays so they fit in center(s) of cake(s) without tipping over; set aside.

◆ Whisk together sugar, lemon curd and ¼ cup water in a medium saucepan. Simmer over low heat, stirring occasionally, about 10 minutes. Remove from heat and stir in enough food coloring to reach desired shade, for glaze. Drizzle over cake(s) and let stand until set, about 20 minutes. Place nosegays into center of each cake and decorate base of cake(s) with leaves, if desired. Remove nosegays and leaves before eating.

Per mini cake: 420 calories, 11.5 g total fat, 3.5 g sat fat, 416 mg sodium, 80 g carbs, 88 mg calcium, 73 mg chol, 3 g protein, 3 g fiber

CONTINUED

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Bloodshot Eye Cakes

MAKES 24 CUPCAKES
Prep time: 25 min
Total time: 1 hr 20 min

- 24 standard paper baking cups
- 1 box (18.25 oz) dark chocolate cake mix
- 1⅓ cups chocolate milk
- ⅓ cup canola oil
- 3 large eggs
- 1 box (3.4 oz) instant butterscotch pudding and pie filling mix
- 1½ cups milk
- 1½ cups smooth peanut butter
- 1 container (12 oz) white frosting
- 1 tube (.68 oz) red decorating gel
- 24 plastic eyeballs

◆ Preheat oven to 350°F. Line 2 (12-cup) standard muffin pans with baking cups; set aside. Beat together cake mix, chocolate milk, oil and eggs in a large mixing bowl on low speed 30 seconds. Scrape sides of bowl with a rubber spatula, increase speed to medium and beat 1 minute more. Evenly divide batter among cups.

◆ Bake until a toothpick inserted in centers comes out clean, 21 to 26 minutes. Transfer cupcakes in pan to rack and let cool completely before filling and frosting.

◆ Whisk together pudding mix, milk and peanut butter in a medium bowl until thickened and smooth, about 2 minutes. Refrigerate 30 minutes, for filling.

◆ Spoon filling into a pastry bag fitted with a medium plain tip. Fill cupcakes by inserting tip into tops of cupcakes and squeezing a couple of tablespoons of filling into each. Spread 2 tablespoons frosting on each cupcake.

◆ Using decorating gel, draw squiggly lines on frosted cupcakes to create blood vessels. Place an eyeball in center of each.

Per cupcake: 265 calories, 14 g total fat, 3.5 g sat fat, 304 mg sodium, 33 g carbs, 46 mg calcium, 28 mg chol, 4 g protein, 1 g fiber

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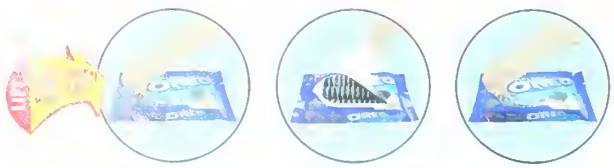
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Orange Spice Shrimp

(not pictured)
SERVES 4
Prep time: 15 min
Total time: 1 hr 25 min

Kitchen cue: To make single-portion party appetizers, marinate shrimp as directed; instead of threading shrimp on skewers, use wooden cocktail picks and cook as directed.

- 24 large shrimp, peeled (tails on) and deveined
- 1½ cups José Cuervo Golden Margarita
- Juice of 1 orange
- 4 teaspoons pumpkin pie spice
- ½ cup honey
- 2 red bell peppers cored, seeded and cut into 1-inch squares
- 1 small pineapple, peeled, cored and cut into 24 (1-inch) pieces
- 8 (12-inch) bamboo skewers, soaked in water 30 minutes

◆ Rinse shrimp and pat dry. Stir together margarita, juice and 2 teaspoons pumpkin pie spice in a medium bowl. Combine with shrimp in a large heavy-duty resealable plastic bag; seal and marinate in the refrigerator 10 minutes or up to 1 hour.

◆ Preheat broiler and arrange rack 6 to 8 inches from heat. Line a baking sheet or broiler pan with aluminum foil; set aside. In a small bowl combine honey and remaining 2 teaspoons pumpkin pie spice, for glaze; set aside.

◆ Transfer shrimp to a bowl (discard marinade). Thread shrimp, bell pepper and pineapple, alternating, onto drained skewers. Place skewers on prepared baking sheet, brush liberally with glaze and broil, turning once, until shrimp are opaque, 4 to 6 minutes. Remove from broiler, brush with remaining glaze and serve.

Per serving: 410 calories, 2.5 g total fat, 0 sat fat, 350 mg sodium, 58 g carbs, 87 mg calcium, 172 mg chol, 32 g protein, 2 g fiber



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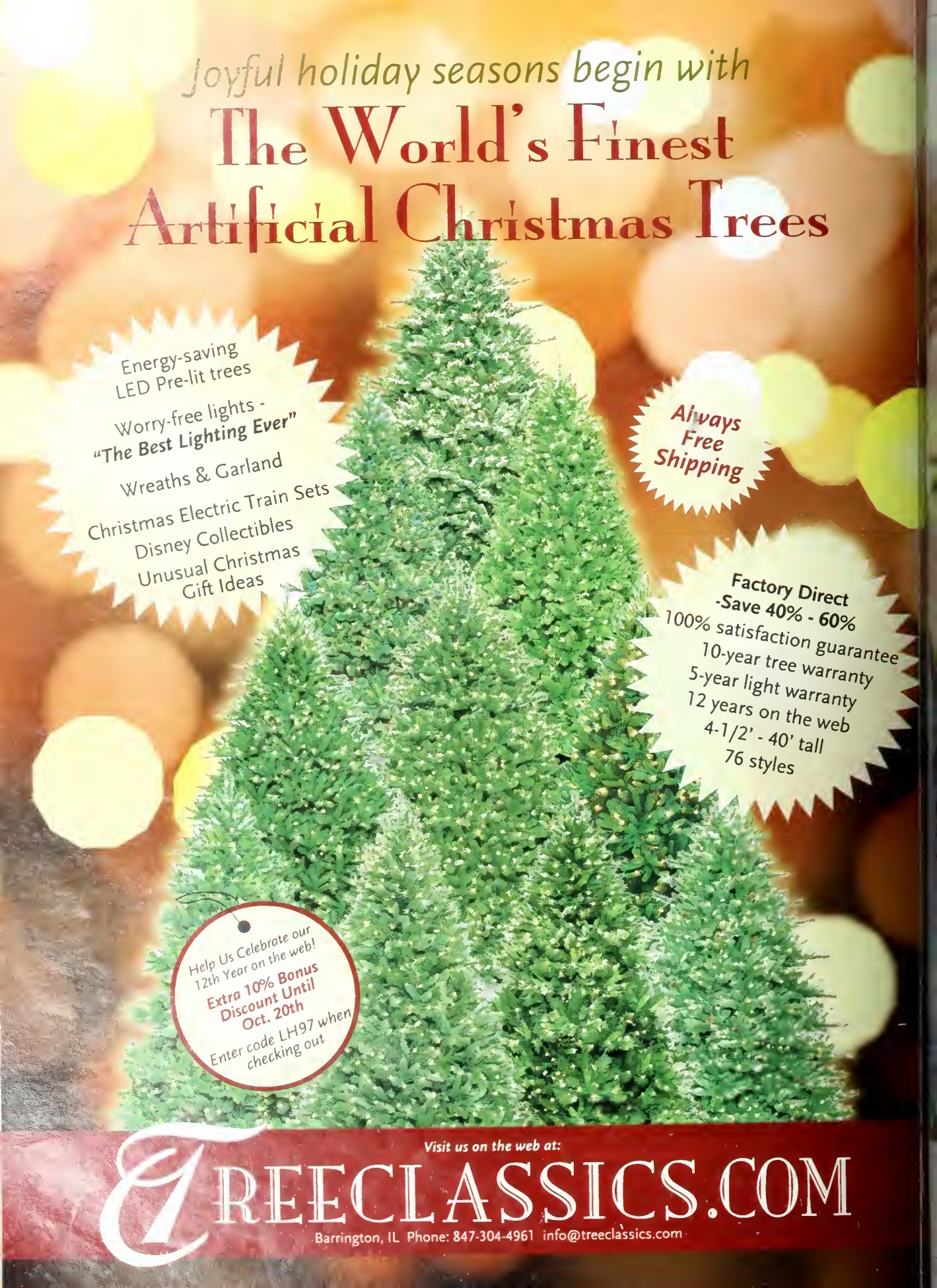


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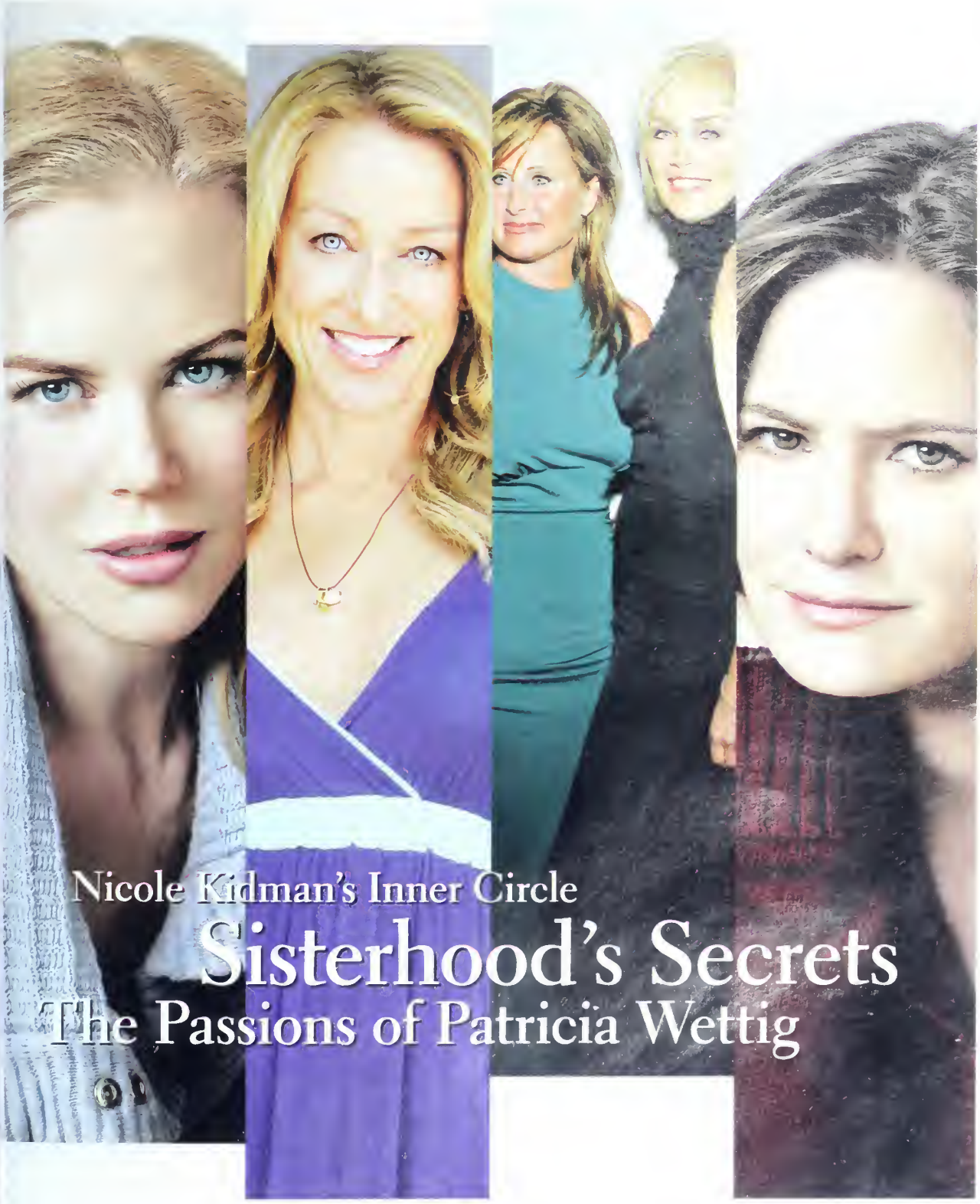
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Nicole Kidman's Inner Circle

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MARRIAGE SECRETS FORGIVENESS FIREWORKS REBELLION ROMANCE BABIES

NICOLE KIDMAN AND JENNIFER JASON LEIGH, WHO COSTAR IN A NEW MOVIE ABOUT EMBATTLED SISTERS, OPEN UP ABOUT THEIR OWN FAMILY TIES AND ONE SPECIAL BOND THAT CHANGED THEIR LIVES FOREVER

It's nearly midnight and Nicole Kidman is apologizing profusely for calling so late. She's phoning from Australia—where it's lunchtime—and going on breathlessly, joyfully, about the craziness of her gypsy life. "I'm in Darwin, a long, long way from Sydney, a good nine hours' travel," she tells me. "We just got in last night. After this we'll go into the bush and we'll be in tents camping for a month, shooting in crocodile country." The movie, *Australia*, is set on a 1930s outback cattle station, so Kidman tells me she is in costume, wearing a straw hat decorated with a blue ribbon. "And a cream suit that I managed to spill some of my lunch on," she says. "They're going to have to get that out with one of those baby wipes. And I've got on some pink stockings and a garter belt!" She laughs. "And I'm on a cell phone speaking to you in New York! I'm sitting in a trailer and it's well over 100 degrees. It's crazy! I see the absurdity and the humor in it all!"

She sounds happy, excited, a woman on a grand adventure, and I think of how much her life has changed since she and I last spent time together, just over a year ago, eating cookies in Nashville while she was jotting down a shopping list for a trip to Bed Bath & Beyond. That day I couldn't help but comment on her enormous engagement ring, yet Kidman refused to acknowledge that she was about to marry country music star and fellow Australian Keith Urban. Famously protective of her personal life, Kidman wears her privacy like a suit of armor.

And now here she is, having just turned 40, married for a year to Urban and having had to deal with the fact that, less than four months after their wedding in Sydney, Urban checked himself into the Betty Ford Clinic for alcohol addiction, a problem he has been treated for in the past. Recently Urban has tried putting a positive spin on these latest events, saying, "It sounds strange, but I'm glad it happened. There's no doubt that what it's done for our marriage has been truly divine. It has brought my wife and me to a place that may never have happened for us." Kidman, for her part, has chosen to stand CONTINUED

By Jeanne Marie Laskas

Photographed by Brigitte Lacombe



"I was in such a public marriage before," says Kidman. "Keith and I like to keep to ourselves"

steadfastly—and silently—by her man while continuing to do the work she loves, selecting film roles that she finds rewarding regardless of whether they will be box-office hits.

Her latest movie, *Margot at the Wedding*, opens in November and has her playing opposite Jennifer Jason Leigh in a dark comedy of strained sisterhood written by Noah Baumbach, who wrote and directed the 2005 film *The Squid and the Whale*, an equally dark tale of dysfunctional family life that won critical acclaim. The role seems utterly contrary to the kind of best-friend connection Kidman has with her own sister, Antonia, who hosts a morning show on Australian television. The sisters typically speak twice a day by phone and both agree that Antonia, 37, who lives in Sydney, where she raises her four children, including new baby Sybella, is Nicole's true touchstone. Antonia's home has always been a shelter from the storm for Nicole. "She's a nomad," Antonia says. "Nicole moves around the world. She really lives life to the fullest."

Antonia flew to be by Nicole's side when Urban left for his three-month stay in rehab. It is the way their relationship has always been. "She's always there," Kidman says. "She's just a plane ride away, as I am for her." In fact, Antonia has had to test the strength of her sister's support more than ever recently, as her own 11-year marriage to Angus Hawley fell apart after he, too, entered rehab—reportedly for anxiety and depression. "She's going through her own personal tragedy," Nicole says. "It's so good that I'm in Australia for her right now. I can be her rock because she was that for me."

Given this extraordinarily supportive sister relationship, I talk with Nicole about how it was for her to play the role of an estranged sister in her latest movie. She and I hang on the phone like teenagers, wondering about this, and men, and babies—the hallmarks of all good girl talk.

Ladies' Home Journal: Was *Margot at the Wedding* especially challenging for you to do?

Nicole Kidman: I loved the idea of playing Jennifer Jason Leigh's sister. She's such a good actor. But I had a lot of trouble understanding the sister relationship in the film. A lot of the time I was fighting for the love between them. It's like these two sisters who, because they're blood relatives, feel like they should be the best of friends. But they're just not. And that is the complete opposite of my sister and me. We're joined at the hip. When I'm in Sydney we're together every day. I'm at her place almost every night, feeding the kids. She wrote me the most beautiful letter the other day saying, "You make me feel safe." I thought, *Gosh, that's exactly how I feel.*

LHJ: How is it to be an aunt once again with new baby Sybella?

NK: Beautiful. I was on the phone with Antonia when she gave birth [*laughs*]. My mom [Janelle Kidman, a registered nurse and midwife] delivered the baby in a Sydney hospital. It's a very . . . involved family [*laughs*]. Yeah, she would pass the phone off between contractions. And then I hear the baby and my dad was on the phone when the head came out. My dad's like, "The baby looks fine!" And I'm screaming and crying. I was in Los Angeles at the time and then I got on the plane and came straight back and met Sybella. It's beautiful. Antonia always calls them "our babies," so that's beautiful, too. You know, when she gets pregnant she always says, "we're pregnant!" and I'm like "oh, my God!" So, we sort of share it. We're just unusual in our bond.

LHJ: Any chance that you might be pregnant?

NK: I'm not pregnant. There's no way I'd be able to be pregnant on this film, to be honest. My husband really wants a couple of years, he said, "where I just have you." So it's kind of romantic. He's like, "I love just the two of us." It's really honest. So as a woman I sort of hear that loud and clear and go, "Okay, I get that." So that's kind of what we decided. So I'm not pregnant right now even though if I was I'd be thrilled. But at the same time I understand. I think it's a joint decision and so I have to understand his wishes on it, too. We're just concentrating CONTINUED

"I'M NOT PREGNANT RIGHT NOW. MY HUSBAND WANTS A COUPLE OF YEARS, HE SAID, 'WHERE I JUST HAVE YOU'"


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"I trust her implicitly," says Antonia of Nicole (on Kidman's wedding day)

on each other right now.

LHJ: Well, you've had a big year. Keith had supposedly conquered his addictions to alcohol and cocaine during his time in rehab in 1998. And yet last year he reentered rehab for alcohol addiction. How have you handled that?

NK: That's all so raw still. He's talked about his recovery but for me, it's still—just, I don't know [*her voice trails off*]. If I say something, before you know it it's a headline on some tabloid and it just sounds so trite and it's not.

LHJ: Did the two of you celebrate your first anniversary in any special way?

NK: I don't talk about that stuff, to be honest. We try to stay small, very intimate.

LHJ: And yet you went on tour with him last summer, right? That doesn't sound so peaceful and quiet, living like a rock star!

NK: [*Laughs*] I wouldn't say we were rock stars but we toured [on our own bus], which we very much enjoyed. I got to see what I consider to be the best part of America, which is the small towns. And most of my life is living in a trailer anyway because I'm on a set or we're in a tour bus, so he said we're the perfect match!

LHJ: How do you manage such a long-distance marriage?

NK: He's primarily in Tennessee, our main residence. It's easier to keep a low profile there. We both fly to each other and are never apart for more than two weeks and even that's too long. We're usually apart for only one week at a time. We're totally committed to that. We'll never be apart for more than 13 days, actually. Because, he says, "That's it. That's it for me. No more." And I've never wanted to live my life apart from the person I love. So that's what we do. You can make that stuff work. It's what he calls "the old-man view," like, when you're an old man and you're looking back, you try and see what was important.

LHJ: How do you juggle all of this with Connor and Isabella, too? You and your ex-husband have joint custody. [EDITOR'S NOTE: Kidman and Tom Cruise adopted the children together; Isabella is now 14 and Connor is 12.]

NK: We spend time in L.A. because they're in school there. For the summer holidays they come out here. My son just flew to Australia and worked on this new film. He loved it. There are a lot of horses and he worked with them and the wranglers. He got a paycheck—his first paycheck!—from his mother [*laughs*]. My daughter didn't want to do that. She's a really good rider. I've had her riding since she was 2.

LHJ: Your kids have a baby sister now, Suri, the already-famous daughter of Cruise and his new wife, Katie Holmes. Do you think this addition to their lives has changed your children at all?

NK: No. They're so good with young kids anyway because Tom's sister has two boys who are younger. And I think the whole family is so used to having young children around. And then because of their cousins, my sister's children. They're just very, very good with young children.

LHJ: Do you ever step back and think, *Wow, my life sure is complicated*?

NK: My mom said a really great thing to me the other day. She said, "So you have an unusual life, Nic. It's just a different life, and that's okay." My sister lives five minutes from my parents. I didn't settle down five minutes from my parents and into that lifestyle even though I sort of hold it as an ideal. But somehow it's just not my life and it won't ever be my life. That's a hard thing to grasp at times. You constantly feel like, Oh, I've never quite lived up to that. I've traveled most of my life. I've been a gypsy a long time. I've been searching for things and on a quest—my children have traveled the world rather than growing up in the same neighborhood. And at times I feel like a failure because of that. So you know, at the same time you go, well, it's just a different life.

LHJ: So you sometimes wish you had a life more like your CONTINUED



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mother's and sister's? A stable environment, a little neighborhood, a picket fence?

NK: That's the thing that Keith and I have, really. By living in Tennessee we have that, so that's what we go back to. That part of our life is very, very simple and can remain that way until the day we die. And that's why we call Tennessee our cocoon. And our place in Sydney, and that's it. We don't need anything else. That's our bubble. That's our haven and our safety.

LHJ: Antonia flew to be with you when Keith entered rehab, and now you're supporting her during her separation from her husband. How do you account for this strong bond? Do you work at it? How can women foster these sorts of relationships?

NK: I think by sharing their wisdom. By staying open to each other, by trusting each other and by showing—and you can only do it through action—by showing your loyalty. I think words are cheap. Actions speak very loudly. That's probably what I pride myself on most. Being there through the long haul, meaning you get on a plane for somebody's wedding. Or you're available at 3 in the morning when they're having their personal crisis, or sleeping in the same bed and taking care of each other, or you step in and take care of their kids when they're not doing well, that's what you do. What I love is when someone says, "Oh yeah, I can rely on her."

LHJ: Do you have friends you regard as sisters, too? I know you're very close, for example, to actress Naomi Watts.

NK: I don't have a best friend, but Naomi is one of my dearest. I have about six girlfriends. I've cultivated those relationships. They require an enormous amount of time and love and energy, and I do believe that that's ultimately what you're left with in this world when you pass, when you die, which I tend to have a lot of thoughts about. I think the way in which you have connected to people is the way in which you ultimately are defined.

LHJ: You're thinking about death at the tender age of 40! Is this some sort of midlife crisis?

NK: I'm just glad I made it to 40 [*laughs*]. Sometimes you say, My gosh! With all the trauma and pain in the world it's a big feat now to get to 40. That's where I stand right now—I'm glad I'm here and glad I can look back at the last 40 years and hope to be able to look at the next 40 years.

LHJ: Keith surprised you with a fireworks show in Bowen, Australia, for your birthday in June. You didn't know this was going to happen?

NK: No, no, no, no. I would've talked him out of it. No, no, no. "Save your money!" I think I was slightly embarrassed for everybody to know, but at the same time it was really beautiful and thrilling because I never had anybody do anything like that for me [*laughs*]! I've loved fireworks since I was a kid. I love seeing all the lights in the sky and I just find them very hypnotic. But he planned it all. And it was a week before my sister had a party for me. I'm not really a "happy birthday" kind of person. I think because I get a lot of attention in my life I don't need any more. I just want to be with people I love and I don't really need any big song and dance [*laughs*]. But my sister insisted on having a little gathering of just my closest girlfriends at a restaurant. It was very small and not over the top. It was nice to be able to look around and see most of the girls I either grew up with or who had been at my wedding recently. Everyone was back again.

LHJ: Is there anything you and your sister don't share, something that the two of you feel you've missed out on?

NK: A brother! We've both always said, "Gosh, wouldn't it have been cool to have had a brother?!"

LHJ: A baby brother or a big brother?

NK: Totally a big brother! To bring his friends home [*laughs*]!

LHJ: How do you want to be remembered?

NK: I would like to be known for having had a really extraordinary relationship, a marriage. That I've raised an extended family in all its shapes and forms. It's very, very hard to do alone, so it's wonderful to be able to call on grandparents and sisters and the ex-husband and all of the ways in which we now coexist. And if you can maintain a balance through that, I think that's really special. But I'd love to have a 40-year marriage under my belt and to be known to have had a big heart. I'd die with a smile on my face if people said that about me.

CONTINUED ON PAGE 130

WIN

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"I'm happy in my life," says Leigh

Jennifer Jason Leigh, 45, has been called "the queen of cinematic quirk" and "the female Johnny Depp." She has built a career playing fragile, damaged, neurotic characters such as the psychopathic roommate in 1992's *Single White Female* and the sex-hungry virgin in 1982's *Fast Times at Ridgemont High*. Her 2005 marriage to Academy Award–nominated independent film writer and director Noah Baumbach (*The Squid and the Whale*) has largely been spent working together: Baumbach wrote and directed Leigh in *Margot at the Wedding*, the couple's first screen collaboration.

"MY SISTER WAS COMPLETELY UNINHIBITED. AS A CHILD, IT WAS SOMETIMES TERRIFYING TO WATCH"

Ladies' Home Journal: Did you like working with your husband?

Jennifer Jason Leigh: Noah and I made this rule that we were never going to fight in front of people, and if ever anything got tense between us we'd never do it on set. And so we never had to put out the rulebook!

LHJ: How was it playing Nicole Kidman's sister?

JJL: She's incredibly kind and smart. There's nothing diva about her at all, which is kind of amazing. She's in and out of that makeup chair so fast you can't believe it. She cares about her acting. It's not about the other stuff. We both had the worst stomachache after shooting because our characters are trying so hard to be close sisters but they keep inflicting these wounds and they can't help but bring each other down.

LHJ: You have a younger sister, actress Mina Badie, and an older sister, Carrie Ann Morrow, whom you've described as a "wild child." Did having a big sister with such a big personality have a strong influence on you?

JJL: Carrie was completely uninhibited. Sometimes it was kind of terrifying to watch as a child, someone who would run headfirst into a wall over and over again. But I was always compelled by it.

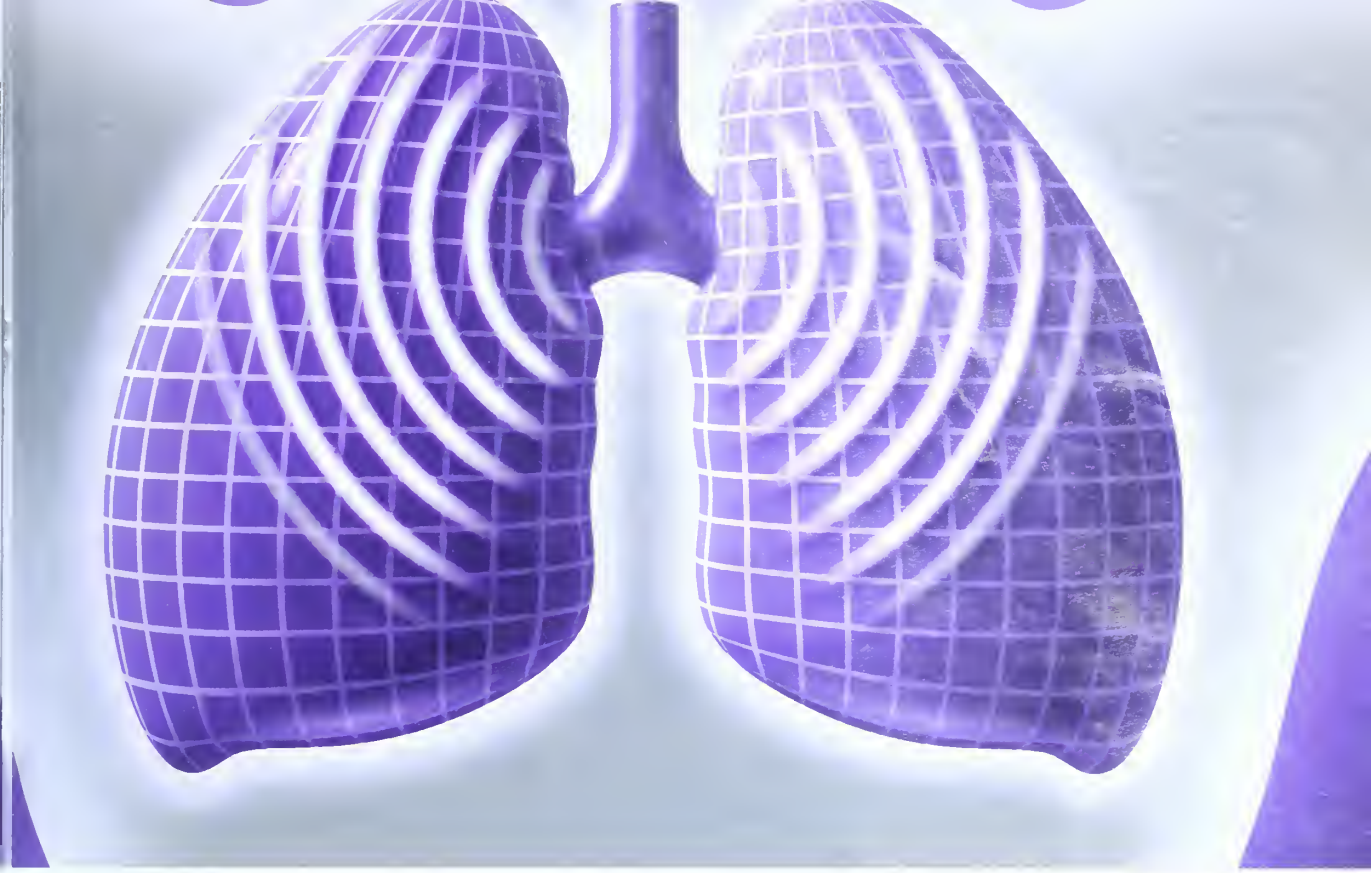
LHJ: In what way?

JJL: I think playing more-out-there characters was a way for me to experience that in a small, safe way. It's not a life that you would envy. But there's a certain freedom and abandon that you might be drawn to. My personality was informed by hers or created in juxtaposition to hers—just trying to experience her kind of freedom.

LHJ: You choose films that aren't always blockbusters. Is this something you're doing on purpose?

JJL: I'm not consciously trying not to be a big star, no [*laughs*]. It's just what appeals to me are not those big movies. I want to make movies that I want to see. I grew up in Hollywood, where acting is like the backyard industry [EDITOR'S NOTE: Leigh's parents were the late actor Vic Morrow and actress/screenwriter Barbara Turner]. So you have a work ethic about it, as opposed to, Can I become the most famous person in this business? If fame happens, that's great, but I just wanted to work.

CONTINUED ON PAGE 134



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ADVAIR DISKUS 100/50, 250/50, 500/50

(fluticasone propionate 100, 250, 500 mcg and salmeterol 50 mcg inhalation powder)

What is the most important information I should know about ADVAIR DISKUS?

...asthma, long-acting beta agonist medicines such as salmeterol (one of the medications in ADVAIR) ...crease the chance of death from asthma problems. In a large asthma study, more patients who used ...meterol died from asthma problems compared with patients who did not use salmeterol. So ADVAIR is not for ...patients whose asthma is well controlled on another asthma controller medicine such as low- to medium-dose ...inhaled corticosteroids or only need a fast-acting inhaler once in a while. Talk with your doctor about this risk and the ...benefits of treating your asthma with ADVAIR.

ADVAIR should not be used to treat a severe attack of asthma or chronic obstructive pulmonary disease (COPD) ...requiring emergency medical treatment.

ADVAIR should not be used to relieve sudden symptoms or sudden breathing problems. Always have a fast-acting ...inhaler with you to treat sudden breathing difficulty. If you do not have a fast-acting inhaler, contact your doctor to ...have one prescribed for you.

What is ADVAIR DISKUS?

There are two medicines in ADVAIR: Fluticasone propionate, an inhaled anti-inflammatory belonging to a group of medicines commonly referred to as corticosteroids; and salmeterol, a long-acting, inhaled bronchodilator belonging to a group of medicines commonly referred to as beta2-agonists. There are 3 strengths of ADVAIR: 100/50, 250/50, 500/50.

For Asthma

- ADVAIR is approved for the maintenance treatment of asthma in patients 4 years of age and older. ADVAIR should only be used if your doctor decides that another asthma controller medicine alone does not control your asthma or that you need 2 asthma controller medications.
- The strength of ADVAIR approved for patients ages 4 to 11 years who experience symptoms on an inhaled corticosteroid is ADVAIR DISKUS 100/50. All 3 strengths are approved for patients with asthma ages 12 years and older.

For COPD associated with chronic bronchitis

ADVAIR 250/50 is the only approved dose for the maintenance treatment of airflow obstruction in patients with COPD associated with chronic bronchitis. The benefit of using ADVAIR for longer than 6 months has not been evaluated. The way anti-inflammatories work in the treatment of COPD is not well defined.

Who should not take ADVAIR DISKUS?

You should not start ADVAIR if your asthma is becoming significantly or rapidly worse, which can be life threatening. Serious respiratory events, including death, have been reported in patients who started taking salmeterol in this situation, although it is not possible to tell whether salmeterol contributed to these events. This may also occur in patients with less severe asthma.

You should not take ADVAIR if you have had an allergic reaction to it or any of its components (salmeterol, fluticasone propionate, or lactose). Tell your doctor if you are allergic to ADVAIR, any other medications, or food products. If you experience an allergic reaction after taking ADVAIR, stop using ADVAIR immediately and contact your doctor. Allergic reactions are when you experience one or more of the following: choking, breathing problems; swelling of the face, mouth and/or tongue; rash; hives; itching; or welts on the skin.

Tell your doctor about the following:

- If you are using your fast-acting inhaler more often or using more doses than you normally do (e.g., 4 or more inhalations of your fast-acting inhaler for 2 or more days in a row or a whole canister of your fast-acting inhaler in 8 weeks' time), it could be a sign that your asthma is getting worse. If this occurs, tell your doctor immediately.
- If you have been using your fast-acting inhaler regularly (e.g., four times a day). Your doctor may tell you to stop the regular use of these medications.
- If your peak flow meter results decrease. Your doctor will tell you the numbers that are right for you.
- If you have asthma and your symptoms do not improve after using ADVAIR regularly for 1 week.
- If you have been on an oral steroid, like prednisone, and are now using ADVAIR. You should be very careful as you may be less able to heal after surgery, infection, or serious injury. It takes a number of months for the body to recover its ability to make its own steroid hormones after use of oral steroids. Switching from an oral steroid may also unmask a condition previously suppressed by the oral steroid such as allergies, conjunctivitis, eczema, arthritis, and eosinophilic conditions. Symptoms of an eosinophilic condition can include rash, worsening breathing problems, heart complications, and/or feeling of "pins and needles" or numbness in the arms and legs. Talk to your doctor immediately if you experience any of these symptoms.
- Sometimes patients experience unexpected bronchospasm right after taking ADVAIR. This condition can be life threatening and if it occurs, you should immediately stop using ADVAIR and seek immediate medical attention.
- If you have any type of heart disease such as coronary artery disease, irregular heart beat or high blood pressure, ADVAIR should be used with caution. Be sure to talk with your doctor about your condition because salmeterol, one of the components of ADVAIR, may affect the heart by increasing heart rate and blood pressure. It may cause symptoms such as heart fluttering, chest pain, rapid heart rate, tremor, or nervousness.
- If you have seizures, overactive thyroid gland, liver problems, or are sensitive to certain medications for breathing.
- If your breathing problems get worse over time or if your fast-acting inhaler does not work as well for you while using ADVAIR. If your breathing problems worsen quickly, get emergency medical care.
- If you have been exposed to or currently have chickenpox or measles or if you have an immune system problem. Patients using medications that weaken the immune system are more likely to get infections than healthy individuals. ADVAIR contains a corticosteroid (fluticasone propionate) which may weaken the immune system. Infections like chickenpox and measles, for example, can be very serious or even fatal in susceptible patients using corticosteroids.

How should I take ADVAIR DISKUS?

ADVAIR should be used 1 inhalation twice a day (morning and evening). ADVAIR should never be taken more than 1 inhalation twice a day. The full benefit of taking ADVAIR may take 1 week or longer.

If you miss a dose of ADVAIR, just skip that dose. Take your next dose at your usual time. Do not take two doses at one time.

Do not stop using ADVAIR unless told to do so by your doctor because your symptoms might get worse.

Do not change or stop any of your medicines used to control or treat your breathing problems. Your doctor will adjust your medicines as needed.

When using ADVAIR, remember:

- Never breathe into or talk into the DISKUS unit.
- Always use the DISKUS on a level position.
- Close completely after inhalation. Rinse your mouth with water without swallowing.
- Never wash any part of the DISKUS. Always keep it in a dry place.
- Never open the DISKUS unless you are ready to take a dose.
- Throw away the DISKUS unit 1 month after removal from the foil pouch.
- Do not use ADVAIR with a spacer device.

Children should use ADVAIR with an adult's help as instructed by the child's doctor.

Can I take ADVAIR DISKUS with other medications?

Tell your doctor about all the medications you take, including prescription and nonprescription medications, vitamins and herbal supplements.

If you are taking ADVAIR DISKUS, do not use other long-acting beta2-agonist–containing medications, such as SEREVENT® DISKUS or Foradil® Aerolizer,® for any reason.

If you take ritonavir (an HIV medication), tell your doctor. Ritonavir may interact with ADVAIR and could cause side effects. The anti-HIV medicines Norvir® Soft Gelatin Capsules, Norvir Oral Solution, and Kaletra® contain ritonavir.

No formal drug interaction studies have been performed with ADVAIR.

In clinical studies, there were no differences in effects on the heart when ADVAIR was taken with varying amounts of albuterol. The effect of using ADVAIR in patients with asthma while taking more than 9 puffs a day of albuterol has not been studied.

ADVAIR should be used with extreme caution during and up to 2 weeks after treatment with monoamine oxidase (MAO) inhibitors or tricyclic antidepressants since these medications can cause ADVAIR to have an even greater effect on the circulatory system.

ADVAIR should be used with caution in people who are taking ketoconazole (an antifungus medication) or other drugs broken down by the body in a similar way. These medications can cause ADVAIR to have greater steroid side effects.

Generally, people with asthma should not take beta-blockers because they counteract the effects of beta2-agonists and may also cause severe bronchospasm. However, in some cases, for instance, following a heart attack, selective beta-blockers may still be used if there is no acceptable alternative.

The ECG changes and/or low blood potassium that may occur with some diuretics may be made worse by ADVAIR, especially at higher-than-recommended doses. Caution should be used when these drugs are used together.

In clinical studies, there was no difference in side effects when ADVAIR was taken with methylxanthines (such as theophylline) or with FLONASE® (fluticasone propionate).

What are other important safety considerations with ADVAIR DISKUS?

Osteoporosis: Long-term use of inhaled corticosteroids may result in bone loss (osteoporosis). Patients who are at risk for increased bone loss (tobacco use, advanced age, inactive lifestyle, poor nutrition, family history of osteoporosis, or long-term use of drugs such as corticosteroids) may have a greater risk with ADVAIR. If you have risk factors for bone loss, you should talk to your doctor about ways to reduce your risk and whether you should have your bone density evaluated.

Glaucoma and cataracts: Glaucoma, increased pressure in the eyes, and cataracts have been reported with the use of inhaled steroids, including fluticasone propionate, a medicine contained in ADVAIR. Regular eye examinations should be considered if you are taking ADVAIR.

Lower respiratory tract infection: Lower respiratory tract infections, including pneumonia, have been reported with the use of inhaled corticosteroids, including ADVAIR.

Blood sugar: Salmeterol may affect blood sugar and/or cause low blood potassium in some patients, which may lead to a side effect like an irregular heart rate. Significant changes in blood sugar and blood potassium were seen infrequently in clinical studies with ADVAIR.

Growth: Inhaled steroids may cause a reduction in growth velocity in children and adolescents.

Steroids: Taking steroids can affect your body's ability to make its own steroid hormones, which are needed during infections and times of severe stress to your body, such as an operation. These effects can sometimes be seen with inhaled steroids (but it is more common with oral steroids), especially when taken at higher-than-recommended doses over a long period of time. In some cases, these effects may be severe. Inhaled steroids often help control symptoms with less side effects than oral steroids.

Yeast infections: Patients taking ADVAIR may develop yeast infections of the mouth and/or throat ("thrush") that should be treated by their doctor.

Tuberculosis or other untreated infections: ADVAIR should be used with caution, if at all, in patients with tuberculosis, herpes infections of the eye, or other untreated infections.

What are the other possible side effects of ADVAIR DISKUS?

ADVAIR may produce side effects in some patients. In clinical studies, the most common side effects with ADVAIR included:

- Respiratory infections
- Throat irritation
- Hoarseness
- Sinus infection
- Yeast infection of the mouth
- Bronchitis
- Cough
- Headaches
- Nausea and vomiting
- Diarrhea
- Musculoskeletal pain
- Dizziness
- Fever
- Ear, nose, and throat infections
- Nosebleed

Tell your doctor about any side effect that bothers you or that does not go away. These are not all the side effects with ADVAIR. Ask your doctor or pharmacist for more information.

What if I am pregnant, planning to become pregnant, or nursing?

Talk to your doctor about the benefits and risks of using ADVAIR during pregnancy, labor, or if you are nursing. There have been no studies of ADVAIR used during pregnancy, labor, or in nursing women. Salmeterol is known to inhibit labor with labor contractions. It is not known whether ADVAIR is excreted in breast milk, but other corticosteroids have been detected in human breast milk. Fluticasone propionate, like other corticosteroids, has been associated with birth defects in animals (e.g., cleft palate and fetal death). Salmeterol showed no effect on fertility in rats at 180 times the maximum recommended daily dose.

What other important tests were conducted with ADVAIR?

There is no evidence of enhanced toxicity with ADVAIR compared with the components administered separately. In animal studies with doses much higher than those used in humans, salmeterol was associated with uterine tumors. Your healthcare professional can tell you more about how drugs are tested on animals and what the results of these tests may mean to your safety.

For more information on ADVAIR DISKUS

This page is only a brief summary of important information about ADVAIR DISKUS. For more information, talk to your doctor. You can also visit www.ADVAIR.com or call 1-888-825-5249. Patients receiving ADVAIR DISKUS should read the medication guide provided by the pharmacist with the prescription.

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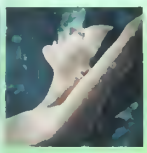


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SISTER ACTS

As these famous sisters will attest, the bonds of love and loyalty start early and last a lifetime



FRAN DRESCHER, COMIC AND ACTIVIST, ON HER OLDER SISTER, NADINE SMITH

"When we were young, Nadine was always very protective of me. Little did I know then that her being so protective would one day save my life. Nadine is a nurse, and she gave me the best piece of medical advice I've ever gotten. When I was diagnosed with uterine cancer in 2000, she told me to have the oncologist repeat all the tests that had been done before by an ob-gyn. It turns out that the first biopsy that was taken by the ob-gyn was too superficial a sample. It showed that the cancer was in stage 1. But when the oncologist did the biopsy, a more complete sample, it turned out my cancer was actually in stages 3 and 4. That result changed everything: the direction of the surgery, the treatment plan. Nadine and I know that we are each other's closest relations, and that's something we'll have for the rest of our lives. Throughout your life you have friends, careers, boyfriends, all that stuff. But eventually you grow up and realize that what's really important is family."



WYNONNA JUDD, SINGER, ON HER YOUNGER SISTER, ACTRESS ASHLEY JUDD

"When we were kids, Ashley was the one who got away with everything. I was responsible for her at a very early age because Mom was always working, and it was just the two of us. I remember one night when we were kids and Mom was working. Ashley decided to invite some friends over. She invited 20 and 100 showed up. It was crazy—kids climbing in the windows, everything turned upside down. She looked at me and said, 'You've got to save my life.' I spent the whole night putting the place back together. Mom walked in the next morning, took one look, and said, 'Who had the party?' Without even thinking I told her it was me. That's how it was, and that's how it still is. Ashley and I have done so many things together, and I marvel at the memories. I just know I'd do anything to save her."

KASSIE DEPAIVA, SINGER AND *ONE LIFE TO LIVE* STAR, ON YOUNGER SISTER SARA MILLS

"My sister and I look alike. Sometimes when I watch one of my performances I see so much of her it makes me laugh. We have always gotten along, even when we were kids. There was a time when we were fierce Barbie doll players. We played for hours on end. Now that we're adults I miss being able to spend time together. It's hard, especially when times are tough. The hardest time was about 10 years ago, when Sara had brain surgery and I couldn't be with her. I couldn't sit with her and hold her hand. All I could rely on was the phone. But of course, the good times are hard to beat. Like the time she visited me in L.A. For the whole time we didn't pay for a single meal because guys were always picking up the check. We still laugh about that!"

ROBIN ROBERTS, *GOOD MORNING AMERICA* COANCHOR, ON HER OLDER SISTER, SALLY-ANN ROBERTS

"Sally Ann is the one I credit for giving me the 'broadcasting gene.' She's a phenomenal journalist. We're both on morning TV shows. We support one another and lift each other up. To be able to pick up the phone and call somebody who really understands . . . it's invaluable."



KELLY STONE, ACTIVIST, ON HER YOUNGER SISTER, ACTRESS SHARON STONE

"When life throws you a curve ball, it's wonderful having someone with whom you share the exact same background. Growing up, Sharon and I were very different—she was the quiet studious type, and I was the wild child. As adults we've learned to appreciate our different viewpoints and personalities. We've been through a lot together, including weathering our father's successful battle with cancer. I have to say our best sister moment was launching our nonprofit organization Planet Hope, in 1992, which provides programs for homeless children and their mothers. The Stone family has a great constitution—we're fragile, but we're forgiving."

—Susan Swimmer



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THE OTHER SIDE OF *THIRTYSOMETHING*



By DAVID HOCHMAN

For Patricia Wettig, being fiftysomething is highly underrated. Two decades ago, having won three Emmys on the iconic TV series *thirtysomething*, her career was soaring but, in retrospect, she had felt something was missing. "Gratitude," she explains over lunch at a sunny sidewalk café near her home in Santa Monica, California. "I was too young and caught up in my own ambition to appreciate how good things were. It was always, 'What's next? What's next?'" Now, at 55, Wettig couldn't be more thankful. She and former *thirtysomething* costar Ken Olin (who also happens to be her husband of 25 years) are collaborating yet again. Wettig plays Holly, "the other woman," on ABC's dysfunctional family drama *Brothers & Sisters*, of which Olin is one of the executive producers (and occasional director). As a bonus their son, Cliff, 24, is a staff writer, while daughter Roxy, 21, has a small recurring role.

"I used to ask 'How can I have more?'" Wettig laughs. "Now it's, 'Are we really getting away with this?'"

Ladies' Home Journal: How is your *Brothers & Sisters* "family" CONTINUED



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different from your *thirtysomething* one?
Patricia Wettig: So different. On *thirtysomething*, the show was the center of our universe, and not in a healthy way. We were all the same age and dealing with the very issues we were struggling with on the program: building careers, surviving relationships. There was no escape. On *Brothers & Sisters* our cast [including Sally Field and Calista Flockhart] is so diverse and experienced in the ways of fame, it's less exhausting emotionally. We like working together but we walk away from it at the end of the day.
LHJ: But isn't that hard to do since your entire family is involved?
PW: It actually works in reverse for me. Having my family there reminds me of the other parts of my life. And even though I see my kids at work, they're not living under our roof anymore, which in itself is a huge relief. For so long I took the role of mother as my primary place in the world. Now that the children have lives of their own, I enjoy their company differently. Kids, don't read this—but I feel free of an enormous responsibility for the first time in 25 years, and I really like that. It gives me the space to sit back and watch who they're becoming.
LHJ: A big part of *Brothers & Sisters*' success is you and Sally Field. Are women viewers starving to see other adult women in meaty roles?
PW: I can't think of many shows besides ours that reflect the lives of women in their 50s. It's mysterious, actually. Why wouldn't women want to watch shows about women like them? Maybe it hits close to home. Issues of aging can definitely feel uncomfortable.
LHJ: Which raises a delicate question: Without your husband in the producer's chair, would you be working now?
PW: It helps to be sleeping with the man in charge [*laughs*]! But there's work out there, especially once you stop trying to pass for 37. That's not to say it's not scary for older actresses. Sally and I sit in the makeup trailer and say, "Why can't we be 27?"
LHJ: Have you ever considered plastic surgery?
PW: I'll never say never, but I haven't gone there yet. For now, I just keep putting on moisturizer and sunscreen.
LHJ: We're the magazine of Can This Marriage Be Saved?* Have there been moments when you and Ken have asked yourselves that question?
PW: Absolutely! We're temperamental and have huge emotional points of view about everything. Sometimes you get to this very thin place where you say, "I just don't know" and the impulse is to run. But ultimately you fight trying to change each other. For me it was the realization that the ways Ken and I are different are as interesting as the ways we're similar. That took years to appreciate.
LHJ: What do the kids think when they see Mom and Dad on *thirtysomething* reruns?
PW: They hadn't really seen the show until recently. But something came up with Roxy and her acting, and I thought it might be helpful to bring out the old tapes. I got out one of the cancer episodes [Wettig played a book illustrator who battled ovarian cancer] and we cried and cried. Part of the emotion was in passing the baton to the next generation, but then Roxy started in with, "Mom, I can't believe you ever looked that young!"
LHJ: Has playing the other woman changed your view of women in that situation?
PW: I had never thought about that type of person with compassion before. But this character isn't drawn as a pure villain. She's been somewhat accepted into the family [Holly Harper had an affair with the late patriarch of the show's Walker clan]. Fans come up and say, "I don't want to like Holly but I do." I feel the same way.
LHJ: Nora Ephron recently said that it's hard to think of much that is genuinely better about getting older. But you seem to be enjoying it.
PW: I completely disagree with that. A few years ago I got my master's degree in playwriting from Smith College, and I now spend three or four hours writing daily whenever I can. Without the kids around, Ken and I have more quiet time together. And we're fulfilling a dream to build a vacation house on the Long Island shore. I loved being thirtysomething, but now I know there's so much more to life.





Top: "I'm really proud of my work on *thirtysomething*," says Wettig of the drama. Above: Getting the last laugh with *Brothers & Sisters* costar Sally Field



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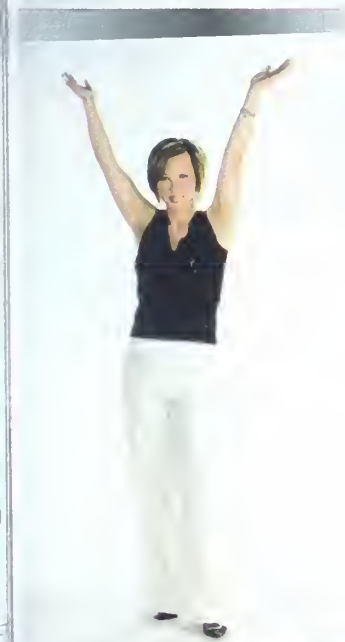
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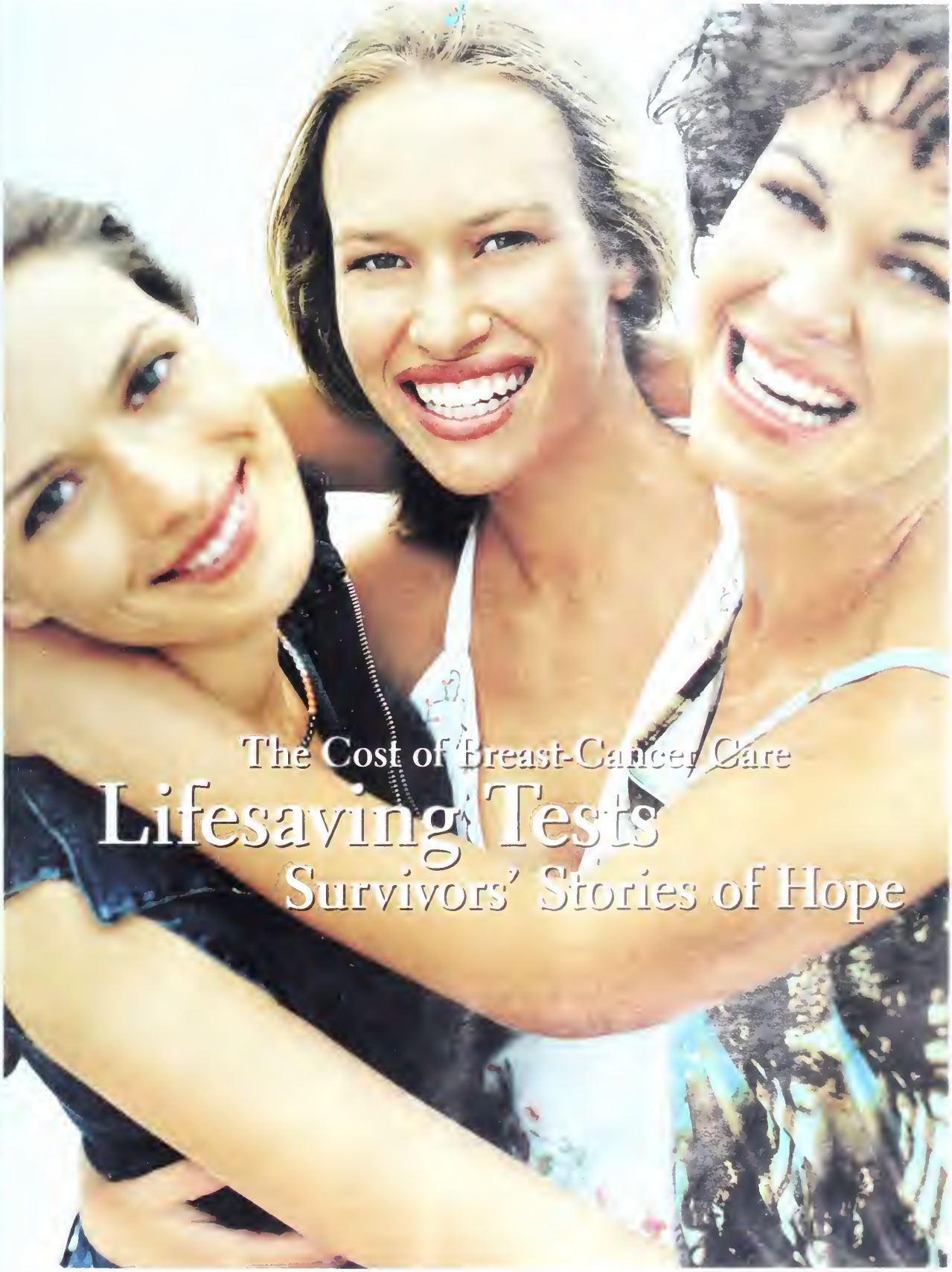


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*[illegible] serving. Low Sodium V8 140 mg, skim milk 103 130 mg (varies by variety)
Recommended limits for sodium are from 1500 mg to 2400 mg per day, depending on risk factors.
†2 servings of vegetables = 1 cup

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The Cost of Breast-Cancer Care

Lifesaving Tests

Survivors' Stories of Hope

New Stroke Warning for Women



Just eight years ago researchers saw no difference in the prevalence of stroke between middle-age men and women, but now for the first time women between 45 and 54 are more than twice as likely as their male counterparts to have had a stroke. "Recent reports of a rise in national rates of obesity, an established stroke risk factor, may be contributing to this trend, particularly since it appears that obesity in midlife exerts a more-harmful effect on women compared to men," speculates study author Amytis Towfighi, M.D., a neurologist at the UCLA Stroke Center. To reduce your risk, she recommends having your blood pressure, cholesterol and blood sugar checked to ensure your numbers are within a healthy range. Also important: maintaining a healthy weight, eating a diet low in cholesterol and saturated fat, getting five daily servings of fruits and vegetables and carving out at least 30 minutes for aerobic exercise each day. Smokers should quit to reduce their risk. *—Jennifer Castoro*

YOU SNOOZE, YOU... WIN

If catching 40 winks in the middle of the afternoon seems impossible, you might want to adjust your schedule. Taking at least a 30-minute nap just three times a week can reduce your risk of death from heart disease 37 percent, according to a recent study of more than 23,000 people. Even those who napped only once or twice a week lowered their risk by 12 percent. Researchers believe that part of this heart-healthy effect is due to the stress-reducing benefits of a midday snooze. So try setting aside time for a siesta during your lunch hour or when you first get home from work. Weekends are also a great time to squeeze in a nap. *—Carrington Cunnington*

SOME LIKE IT HOT

Satisfying your hot and spicy food cravings may help your brain. People who ate curry occasionally to very often did better on the Mini-Mental State Examination, an Alzheimer's screening test, than those who avoided it, according to a new study of more than 1,000 mentally healthy people over 65. What makes curry so healthy? Curcumin, a component of turmeric, curry's main ingredient, has been found to help the immune system rid the brain of amyloid beta, a protein that may build up and damage memory and reasoning ability, according to Milan Fiala, M.D., a researcher with the David Geffen School of Medicine at UCLA. And it doesn't seem to take much curry to reap these benefits. Even eating it as infrequently as once every six months can help cognitive function. If you don't like



the taste of curry, try turmeric alone. It's widely available and can be added to many dishes. *—J.C.*

Your eyes are naturally protected by a layer of tears.

f you have to use eye drops several times a day, ask your eye doctor about RESTASIS®.

You may have Chronic Dry Eye due to decreased tear production caused by inflammation. It's a medical condition where your eyes don t make enough tears. Artificial tears and other over-the-counter drops simply can t increase tear production.

Your eye doctor can tell you. Ask your doctor about RESTASIS Ophthalmic Emulsion. It's the only eye drop that actually helps your eyes increase tear production with continued use.

Only an eye doctor can determine whether you have this type of Chronic Dry Eye. That's why you should make an appointment to ask your eye doctor if RESTASIS Ophthalmic Emulsion is right for you.

RESTASIS®: one drop, twice a day, with continued use can help you make more of your own tears.

Your own tears.
Who wouldn't want that?



Take the first step —
make an appointment with your eye doctor today!
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Available by prescription only

Restasis
(Cyclosporine Ophthalmic Emulsion) 0.05%

Increases tear production with continued use

RESTASIS Ophthalmic Emulsion helps increase your eyes natural ability to produce tears, which may be reduced by inflammation due to Chronic Dry Eye. RESTASIS did not increase tear production in patients using topical steroid drops or tear duct plugs.

Important Safety Information:
RESTASIS Ophthalmic Emulsion should not be used by patients with active ocular infections and has not been studied in patients with a history of herpes viral infections of the eye. The most common side effect is a temporary burning sensation. Other side effects include eye redness, discharge, watery eyes, eye pain, foreign body sensation, stinging, and blurred vision.

ALLERGAN

Please see next page for important safety information.

Restasis®

(Cyclosporine Ophthalmic Emulsion) 0.05%

Sterile Preservative-Free

INDICATIONS AND USAGE
RESTASIS® (cyclosporine ophthalmic emulsion) is indicated to increase tear production in patients whose tear production is presumed to be suppressed due to ocular inflammation associated with keratoconjunctivitis sicca. Increased tear production was not seen in patients currently taking anti-inflammatory drugs or using punctal plugs.

CONTRAINDICATIONS
RESTASIS® is contraindicated in patients with active ocular infections and in patients with known or suspected hypersensitivity to any of the ingredients in the formulation.

WARNING
RESTASIS® Ophthalmic Emulsion has not been studied in patients with a history of herpes keratitis.

PRECAUTIONS
General: For ophthalmic use only.

Information for Patients:
The emulsion from one individual single-use vial is to be used immediately after opening for administration to one or both eyes, and the remaining contents should be discarded immediately after administration. Do not allow the tip of the vial to touch the eye or any surface, as this may contaminate the emulsion. RESTASIS® should not be administered while wearing contact lenses. Patients with decreased tear production typically should not wear contact lenses. If contact lenses are worn, they should be removed prior to the administration of the emulsion. Lenses may be reinserted 15 minutes following administration of RESTASIS® Ophthalmic Emulsion.

Carcinogenesis, Mutagenesis, and Impairment of Fertility:
Systemic carcinogenicity studies were carried out in male and female mice and rats. In the 78-week oral (diet) mouse study, at doses of 1, 4, and 16 mg/kg/day, evidence of a statistically significant trend was found for lymphocytic lymphomas in females, and the incidence of hepatocellular carcinomas in mid-dose males significantly exceeded the control value.

In the 24-month oral (diet) rat study conducted at 0.5, 2, and 8 mg/kg/day, pancreatic islet cell adenomas significantly exceeded the control rate in the low dose level. The hepatocellular carcinomas and pancreatic islet cell adenomas were not dose related. The low doses in mice and rats are approximately 1000 and 500 times greater, respectively, than the daily human dose of one drop (28 µL) of 0.05% RESTASIS® BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed.

Cyclosporine has not been found mutagenic/genotoxic in the Ames Test, the V79-HGPRT Test, the micronucleus test in mice and Chinese hamsters, the chromosome-aberration tests in Chinese hamster bone-marrow, the mouse dominant lethal assay, and the DNA-repair test in sperm from treated mice. A study analyzing sister chromatid exchange (SCE) induction by cyclosporine using human lymphocytes in vitro gave indication of a positive effect (i.e., induction of SCE).

No impairment in fertility was demonstrated in studies in male and female rats receiving oral doses of cyclosporine up to 15 mg/kg/day (approximately 15,000 times the human daily dose of 0.001 mg/kg/day) for 9 weeks (male) and 2 weeks (female) prior to mating.

Pregnancy-Teratogenic Effects:
Pregnancy Category C

Teratogenic Effects: No evidence of teratogenicity was observed in rats or rabbits receiving oral doses of cyclosporine up to 300 mg/kg/day during organogenesis. These doses in rats and rabbits are approximately 300,000 times greater than the daily human dose of one drop (28 µL) 0.05% RESTASIS® BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed.

Non-Teratogenic Effects: Adverse effects were seen in reproduction studies in rats and rabbits only at dose levels toxic to dams. At toxic doses (rats at 30 mg/kg/day and rabbits at 100 mg/kg/day), cyclosporine oral solution, USP, was embryo- and fetotoxic as indicated by increased pre- and postnatal mortality and reduced fetal weight together with related skeletal retardations. These doses are 30,000 and 100,000 times greater, respectively, than the daily human dose of one-drop (28 µL) of 0.05% RESTASIS® BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed. No evidence of embryofetal toxicity was observed in rats or rabbits receiving cyclosporine at oral doses up to 17 mg/kg/day or 30 mg/kg/day, respectively, during organogenesis. These doses in rats and rabbits are approximately 17,000 and 30,000 times greater, respectively, than the daily human dose.

Offspring of rats receiving a 45 mg/kg/day oral dose of cyclosporine from Day 15 of pregnancy until Day 21 post partum, a maternally toxic level, exhibited an increase in postnatal mortality; this dose is 45,000 times greater than the daily human topical dose, 0.001 mg/kg/day, assuming that the entire dose is absorbed. No adverse events were observed at oral doses up to 15 mg/kg/day (15,000 times greater than the daily human dose).

There are no adequate and well-controlled studies of RESTASIS® in pregnant women. RESTASIS® should be administered to a pregnant woman only if clearly needed.

Nursing Mothers:
Cyclosporine is known to be excreted in human milk following systemic administration but excretion in human milk after topical treatment has not been investigated. Although blood concentrations are undetectable after topical administration of RESTASIS® Ophthalmic Emulsion, caution should be exercised when RESTASIS® is administered to a nursing woman.

Pediatric Use:
The safety and efficacy of RESTASIS® Ophthalmic Emulsion have not been established in pediatric patients below the age of 16.

Geriatric Use:
No overall difference in safety or effectiveness has been observed between elderly and younger patients.

ADVERSE REACTIONS
The most common adverse event following the use of RESTASIS® was ocular burning (17%). Other events reported in 1% to 5% of patients included conjunctival hyperemia, discharge, epiphora, eye pain, foreign body sensation, pruritus, stinging, and visual disturbance (most often blurring).

Rx Only Based on package insert 71271US15P revised February 2004

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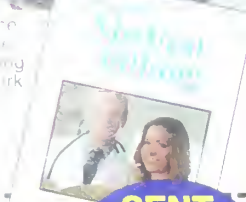
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THE SCREENING-TEST SHORTAGE

Access to mammograms and other lifesaving screening tests is shrinking at the very moment when more and more women need them. Learn what you must do to keep yourself healthy



Mammograms save lives: there's no doubt about that. When screening rates among women over 40 almost doubled from 39 to 70 percent between 1987 and 2000, the jump was linked to an estimated 5,000 fewer breast-cancer deaths per year. Once doctors got today's two newer weapons in the screening arsenal—digital mammography, a more-sensitive technology that's especially helpful for younger women and those with dense breasts, and breast MRIs, which find even tinier cancers at their earliest and most-treatable stages in women at high risk—the expectation was that the death toll from breast cancer might drop even lower.

But alarmingly, that may not be the case. The remarkable lifesaving tool that is mammography is being undermined, for a number of disturbing reasons. Imaging centers, under financial pressure, are closing in record numbers. Those that are still in business have been slow to adopt the newer, higher-tech tests. Fewer doctors are choosing to specialize in breast imaging. And all this is happening at the very time when the number of American women who should be getting these screenings (those ages 40 to 84) is expected to grow, from 64.6 million to 77.4 million over the next 20 years.

The numbers tell the story: Since 2001 the number of certified facilities offering mammography has dropped 5 percent, from 9,306 to 8,810. Because of the trouble involved, some women may fail to get regular screenings. CONTINUED

By LINDA [illegible] HARSA

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"Most women don't want to have to wait or travel for a screening test," says Etta D. Pisano, M.D., Kenan Professor of Radiology and Biomedical Engineering at the University of North Carolina at Chapel Hill. A troubling new study in the journal *Cancer* suggests this may in fact already be happening. The proportion of women getting breast X-rays at least every two years actually dropped 4 percent between 2000 and 2005, which could translate into higher mortality rates. The decline was especially steep—6.8 percent—among women 50 to 64, the group most likely to benefit, and women with higher incomes ($99,030 for a family of four with two dependent children).

"Missing even a yearly scan could mean that cancer, if it exists, may be discovered at a later, less-treatable stage," says Stephen A. Feig, M.D., a professor of radiology at the University of California, Irvine School of Medicine. "This is especially risky for women in their 40s because their breast cancer can grow so fast." If you're one of the 23.3 million women over 40 who haven't had a mammogram in the last two years, pay special attention to the following.

PROBLEM: FEWER TESTING CENTERS

Part of the reason may be that fewer physicians refer women for breast-cancer screening, possibly because there is new debate about how often it is needed. The American Cancer Society still staunchly advocates annual mammograms for women over 40, but the American College of Physicians suggests many women could wait until age 50. However, many centers have shut down for lack of money, not patients. Insurance firms and Medicare generally pay very low reimbursements to breast-imaging centers. Other centers have scaled back on services to balance their budgets. All this can even make it more difficult to get follow-up diagnostic tests, like the ultrasound that revealed ABC news anchor Robin Roberts had cancer after she felt a lump in her breast.

The result? Women lacking symptoms who just want screening may wait up to four months—even in big cities like New York—and may have to travel 60 miles or more in rural areas, according to a 2006 survey by the U.S. General Accountability Office.

What you can do: Make appointments well in advance. It helps to book them around an event—your birthday or an anniversary—and set the next one at the end of your current appointment. A year goes by quickly, and it's easy to lose track of how long it's been. "Treat yourself to a lunch with friends afterwards," says Constance Lehman, M.D., Ph.D., vice chair of radiology at the University of Washington and the Seattle Cancer Care Alliance. That way, you'll be less tempted to cancel.

WHAT MAKES A WOMAN "HIGH RISK"?

- **A known BRCA1 or BRCA2 gene mutation**
- A first-degree relative (mother, father, sibling or child) with either gene mutation
- **A strong family history of breast or ovarian cancer: two or more close female relatives (mother or sister) diagnosed with breast cancer before menopause or with ovarian cancer at any age; or any male relative diagnosed with breast cancer**
- Having had radiation therapy to the chest to treat lymphoma

PROBLEM: A SHORTAGE OF RADIOLOGISTS

Fewer physicians specializing in breast cancer has caused another crisis. The stress of the work and fear of malpractice claims—missed or delayed diagnosis of breast cancer is a leading cause of medical malpractice lawsuits—are to blame. "Breast imaging in general is subject to intense oversight," says Mark Helvie, M.D., a professor of radiology and director of breast imaging at the University of Michigan. "This field is difficult and stressful." In a 2005 Society of Breast Imaging survey of 575 breast-imaging centers nationwide, more than 55 percent reported their doctors had been sued, half said threat of suits made it harder to fill jobs and 29 percent had radiology vacancies.

What you can do: Try university medical centers with breast-imaging radiology fellowships, which may be better staffed.

PROBLEM: ACCESS TO HIGH-TECH TESTS

Digital mammography is up to 15 percent more sensitive in detecting cancers in women under age 50, and among women of any age with dense breast tissue, but the machines that do the test are in alarmingly short supply. Cancer in younger women tends to be more aggressive, making early detection critical.

The percentage of imaging centers offering digital mammography CONTINUED ON PAGE 152



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WARNINGS

Liver Function

Cholelithiasis:

Concomitant Oral Anticoagulants:

Concomitant HMG-CoA Reductase Inhibitors:

Mortality:

Other Considerations:

PRECAUTIONS

Initial therapy:

Continued therapy:

Pancreatitis:

Hypersensitivity Reactions:

Hematologic Changes:

Skeletal muscle:

Drug Interactions

Oral Anticoagulants: CAUTION SHOULD BE EXERCISED WHEN COUMARIN ANTICOAGULANTS ARE GIVEN IN CONJUNCTION WITH TRICOR. THE DOSAGE OF THE ANTICOAGULANTS SHOULD BE REDUCED TO MAINTAIN THE PROTHROMBIN TIME/INR AT THE DESIRED LEVEL TO PREVENT BLEEDING COMPLICATIONS. FREQUENT PROTHROMBIN TIME/INR DETERMINATIONS ARE ADVISABLE UNTIL IT HAS BEEN DEFINITELY DETERMINED THAT THE PROTHROMBIN TIME/INR HAS STABILIZED.

HMG-CoA reductase inhibitors:

Resins:

Cyclosporine:

Carcinogenesis, Mutagenesis, Impairment of Fertility:

Pregnancy Category C:

Nursing mothers:

Pediatric Use:

Geriatric Use:

ADVERSE REACTIONS

CLINICAL:

BODY SYSTEM Adverse Event	Fenofibrate* (N=439)	Placebo (N=365)
BODY AS A WHOLE		
Abdominal Pain	4.6%	4.4%
Back Pain	3.4%	2.5%
Headache	3.2%	2.7%
Asthenia	2.1%	3.0%
Flu Syndrome	2.1%	2.7%
DIGESTIVE		
Liver Function Tests Abnormal	7.5%**	1.4%
Diarrhea	2.3%	4.1%
Nausea	2.3%	1.9%
Constipation	2.1%	1.4%
METABOLIC AND NUTRITIONAL DISORDERS		
SGPT Increased	3.0%	1.6%
Creatine Phosphokinase Increased	3.0%	1.4%
SGOT Increased	3.4% **	0.5%
RESPIRATORY		
Respiratory Disorder	6.2%	5.5%
Rhinitis	2.3%	1.1%

* Dosage equivalent to 145 mg TRICOR

** Significantly different from Placebo

Additional adverse events reported by three or more patients in placebo-controlled trials or reported in other controlled or open trials, regardless of causality are listed below:

BODY AS A WHOLE: Chest pain, pain (unspecified), infection, malaise, allergic reaction, cyst, hernia, fever, photosensitivity reaction, and accidental injury.

CARDIOVASCULAR SYSTEM: Angina pectoris, hypertension, vasodilatation, coronary artery disorder, electrocardiogram abnormal, ventricular extrasystoles, myocardial infarct, peripheral vascular disorder, migraine, varicose vein, cardiovascular disorder, hypotension, palpitation, vascular disorder, arrhythmia, phlebitis, tachycardia, extrasystoles, and atrial fibrillation.

DIGESTIVE SYSTEM: Dyspepsia, flatulence, nausea, increased appetite, gastroenteritis, cholelithiasis, rectal disorder, esophagitis, gastritis, colitis, tooth disorder, vomiting, anorexia, gastrointestinal disorder, duodenal ulcer, nausea and vomiting, peptic ulcer, rectal hemorrhage, liver fatty deposit, cholecystitis, eructation, gamma glutamyl transpeptidase, and diarrhea.

ENDOCRINE SYSTEM: Diabetes mellitus.

HEMIC AND LYMPHATIC SYSTEM: Anemia, leukopenia, ecchymosis, eosinophilia, lymphadenopathy, and thrombocytopenia.

METABOLIC AND NUTRITIONAL DISORDERS: Creatinine increase, weight gain, hypoglycemia, gout, weight loss, edema, hyperuricemia, and peripheral edema.

MUSCULOSKELETAL SYSTEM: Myositis, myalgia, arthralgia, arthritis, tenosynovitis, joint disorder, arthrosis, leg cramps, bursitis, and myasthenia.

NERVOUS SYSTEM: Dizziness, insomnia, depression, vertigo, libido decreased, anxiety, paresthesia, dry mouth, hypertonia, nervousness, neuralgia, and somnolence.

RESPIRATORY SYSTEM: Pharyngitis, bronchitis, cough increased, dyspnea, asthma, allergic pneumonitis, alveolitis, pneumonia, laryngitis, and sinusitis.

SKIN AND APPENDAGES: Rash, pruritus, eczema, herpes zoster, urticaria, acne, sweating, fungal dermatitis, skin disorder, alopecia, contact dermatitis, herpes simplex, maculopapular rash, nail disorder, and skin ulcer.

SPECIAL SENSES: Conjunctivitis, eye disorder, amblyopia, ear pain, otitis media, abnormal vision, cataract specified, and refraction disorder.

UROGENITAL SYSTEM: Urinary frequency, prostatic disorder, dysuria, abnormal kidney function, urolithiasis, gynecomastia, unintended pregnancy, vaginal moniliasis, and cystitis.

OVERDOSAGE

Reference: 03-5344-R1

Revised November, 2004

07F-030-V044-2 **MASTER**

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HEREDITARY NEUROPATHY

DOES YOUR FAMILY HAVE IT

Your family may look healthy, but someone you love may be affected by CMT, a debilitating hereditary disease that can cause pain, difficulty walking, immobility in the hands and feet, and even the inability to breathe. CMT is the most common hereditary neuropathy in the world, affecting more than 500,000 in the US alone. Sadly, it often goes undiagnosed or is misdiagnosed for years, because even the country's best doctors fail to recognize its symptoms. The Hereditary Neuropathy Foundation is working to change all that. We are fighting to educate the medical community and are working to find a cure for these diseases. We have already provided hope, treatment options and vital information to tens of thousands. For the sake of families everywhere, we have made it our mission to bring CMT out of the shadows by raising awareness and funds for a cure.

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NEUROPATHY

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Should You Get a Gene Test?

If you already know that you're at high risk for breast cancer because of your family history, the answer is probably yes. Women who have either the BRCA1 or BRCA2 gene mutations can take lifesaving steps to prevent breast cancer—or catch it early. And there's another important reason: ovarian cancer, which is much rarer than breast cancer and might be in your heredity without your knowing it. Having either breast-cancer mutation, which increases the odds a woman will get breast cancer by up to 80 percent, also ups the likelihood of ovarian cancer by up to 54 percent.

Only one in 500 women has the BRCA1 or BRCA2 mutation, but the carrier rate for these faulty bits of DNA is about one in 40 for women of Jewish ancestry from Eastern Europe—a group known as Ashkenazi Jews. Having a strong family history of breast or ovarian cancer—and both sides of the family count—is another factor that increases the odds you carry the mutation. Watch for one or more diagnoses of breast or ovarian cancer—regardless of age—in your family. If you have any of these risk factors, talk to your doctor about a referral to a genetic counselor, suggests Andrew Berchuck, M.D., president of the Society for Gynecologic Oncologists.

Studies show that in women with the mutations, preventive ovary removal can reduce the risk of ovarian cancer 80 percent, and prophylactic mastectomy can reduce breast-cancer risk 90 percent.

For more information about the genetic risks of cancer, check out FORCE: Facing Our Risk of Cancer Empowered, a nonprofit support, information and advocacy group located at 16057 Tampa Palms Blvd. W. #373, Tampa, FL 33647; 954-255-8732; *www.facingourrisk.org*.

has more than tripled since 2005, from 6.3 percent to 20.4 percent, according to the American College of Radiology. Still, four out of five breast-imaging facilities in the country don't offer it.

The situation is even worse for breast MRIs, available at just one in eight imaging centers. MRIs cost about $1,000 (compared with $50 to $150 for film mammograms and $125 to $225 for digital). They've proved effective in monitoring high-risk women, who are urged to get a yearly MRI and mammogram, usually starting at 30.

What you can do: Travel to a nearby city. Centers that have digital mammography are more common in urban areas, says Marisa Weiss, M.D., a Philadelphia oncologist and president of Breastcancer.org. University hospitals are another option. And check the list of centers with Mammography Quality Standards Reauthorization Act technology found at *www.fda.gov/cdrh/mammography/certified.html*.

Problem: Lack of Vigilance

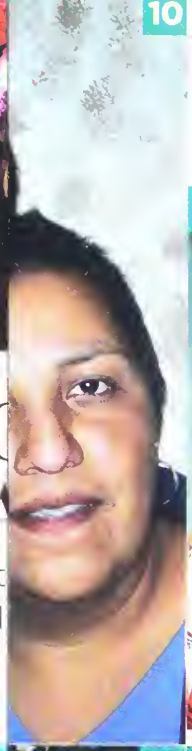
All the high-tech breast-imaging facilities in the world will not help if you don't make an appointment. Elizabeth Edwards admitted that she hadn't had a mammogram for some four years before finding her breast-cancer lump. "We may be victims of our success," says Carol H. Lee, M.D., a professor of diagnostic radiology at the Yale University School of Medicine and chair of the breast-imaging commission of the American College of Radiology. "Because we've made such remarkable progress, women may see breast cancer as less of a threat. We could see a reversal of the gains we've made over the years." And all the emphasis on high-tech tools may have devalued the much more available and still lifesaving film mammogram: "They're still the best thing we have for spotting cancers early," says Dr. Pisano, whose research found that both film and digital mammography have similar accuracy rates, though digital has an edge in finding breast cancer in women under 50 and those with dense breasts.

What you can do: Stop making excuses, even if you must wait longer than you should or drive farther than you'd like to get tested.

LIFT FLAP HERE TO DISCOVER A CELEBRATION OF BREAST-CANCER SURVIVORS



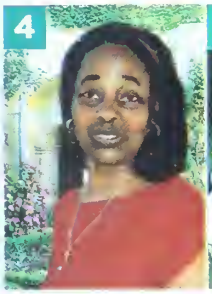




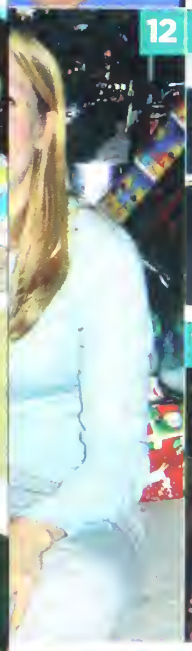
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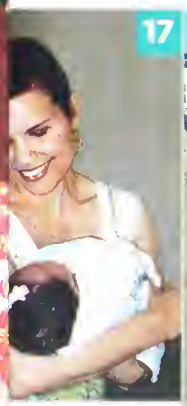
















TO LEARN WHO THESE SURVIVORS AND THEIR SUPPORTERS ARE, **TURN TO PAGE 157.**

WWW.LHJ.COM

Should You Get a Gene Test?

If you already know that you're at high risk for breast cancer because of your family history, the answer is probably yes. Women who have either the BRCA1 or BRCA2 gene mutations can take lifesaving steps to prevent breast cancer—or catch it early. And there's another important reason: ovarian cancer, which is much rarer than breast cancer and might be in your heredity without your knowing it. Having either breast-cancer mutation, which increases the odds a woman will get breast cancer by up to 80 percent, also ups the likelihood of ovarian cancer by up to 54 percent.

Only one in 500 women has the BRCA1 or BRCA2 mutation, but the carrier rate for these faulty bits of DNA is about one in 40 for women of Jewish ancestry from Eastern Europe—a group known as Ashkenazi Jews. Having a strong family history of breast or ovarian cancer—and both sides of the family count—is another factor that increases the odds you carry the mutation. Watch for one or more diagnoses of breast or ovarian cancer—regardless of age—in your family. If you have any of these risk factors, talk to your doctor about a referral to a genetic counselor, suggests Andrew Berchuck, M.D., president of the Society for Gynecologic Oncologists.

Studies show that in women with the mutations, preventive ovary removal can reduce the risk of ovarian cancer 80 percent, and prophylactic mastectomy can reduce breast-cancer risk 90 percent.

For more information about the genetic risks of cancer, check out FORCE: Facing Our Risk of Cancer Empowered, a nonprofit support, information and advocacy group located at 16057 Tampa Palms Blvd. W. #373, Tampa, FL 33647; 954-255-8732; *www.facingourrisk.org*.

has more than tripled since 2005, from 6.3 percent to 20.4 percent, according to the American College of Radiology. Still, four out of five breast-imaging facilities in the country don't offer it.

The situation is even worse for breast MRIs, available at just one in eight imaging centers. MRIs cost about $1,000 (compared with $50 to $150 for film mammograms and $125 to $225 for digital). They've proved effective in monitoring high-risk women, who are urged to get a yearly MRI and mammogram, usually starting at 30. **What you can do:** Travel to a nearby city. Centers that have digital mammography are more common in urban areas, says Marisa Weiss, M.D., a Philadelphia oncologist and president of Breastcancer.org. University hospitals are another option. And check the list of centers with Mammography Quality Standards Reauthorization Act technology found at *www.fda.gov/cdrh/mammography/certified.html*.

PROBLEM: LACK OF VIGILANCE

All the high-tech breast-imaging facilities in the world will not help if you don't make an appointment. Elizabeth Edwards admitted that she hadn't had a mammogram for some four years before finding her breast-cancer lump. "We may be victims of our success," says Carol H. Lee, M.D., a professor of diagnostic radiology at the Yale University School of Medicine and chair of the breast-imaging commission of the American College of Radiology. "Because we've made such remarkable progress, women may see breast cancer as less of a threat. We could see a reversal of the gains we've made over the years." And all the emphasis on high-tech tools may have devalued the much more available and still lifesaving film mammogram: "They're still the best thing we have for spotting cancers early," says Dr. Pisano, whose research found that both film and digital mammography have similar accuracy rates, though digital has an edge in finding breast cancer in women under 50 and those with dense breasts.

What you can do: Stop making excuses, even if you must wait longer than you should or drive farther than you'd like to get tested.

LIFT FLAP HERE TO DISCOVER A CELEBRATION OF BREAST-CANCER SURVIVORS

I am
a strong woman.

I will
do what I can to protect myself against breast cancer recurrence.



Call 1-800-390-9013 or log on to www.arimidex.com/now to learn more about ARIMIDEX.



If you are without prescription coverage and can't afford your medication, AstraZeneca may be able to help.

Please see brief summary of the full Prescribing Information on adjacent page.

[1] Based on prescription data for early and advanced breast cancer, IMS 5/07.

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It is time to learn how ARIMIDEX may help reduce the risk of breast cancer recurrence.

- ARIMIDEX is the only drug of its kind with 5 years of clinical data that prove efficacy and safety in the initial treatment of early breast cancer in postmenopausal women
- ARIMIDEX is made by AstraZeneca, the company with a 30-year history of helping women with breast cancer and the same company that developed tamoxifen

Ask your doctor about ARIMIDEX, the most prescribed aromatase inhibitor.[1]

Important Information About ARIMIDEX

ARIMIDEX is approved for adjuvant treatment (treatment following surgery with or without radiation) of postmenopausal women with hormone receptor-positive early breast cancer.

Important Safety Information

Prescription ARIMIDEX is only for postmenopausal women. ARIMIDEX should not be taken if you are pregnant because it may harm your unborn child.

In the early breast cancer clinical trial, common side effects seen with ARIMIDEX include hot flashes, joint symptoms, weakness, mood changes, pain, sore throat, nausea and vomiting, depression, high blood pressure, osteoporosis, swelling of arms/legs, and headache. Fractures (including fractures of the spine, hip, and wrist) occurred more frequently with ARIMIDEX than with tamoxifen (10% vs 7%).

ARIMIDEX should not be taken with tamoxifen or estrogen-containing therapies.

For more information, talk to your doctor.

Arimidex®
anastrozole 1 mg tablets

AstraZeneca

IMPORTANT INFORMATION ABOUT ARIMIDEX

Please read this summary carefully, and then ask your doctor about ARIMIDEX.

No advertisement can provide all the information needed to determine if a drug is right for you. This advertisement does not take the place of careful discussions with your doctor. Only your doctor has the training to weigh the risks and benefits of a prescription drug.

WHAT IS ARIMIDEX?

ARIMIDEX is a prescription medicine. It is an aromatase inhibitor, which is used for

- treatment of early breast cancer in women past menopause. ARIMIDEX is used for treatment following surgery, with or without radiation. It is for women whose breast cancer is hormone receptor positive
- first treatment of locally advanced or metastatic breast cancer in women past menopause. It is for women whose breast cancer is hormone receptor positive or hormone receptor unknown
- treatment of advanced breast cancer in women past menopause, if their cancer has grown, or their disease has spread following tamoxifen therapy

HOW DOES ARIMIDEX WORK?

- Some breast cancer cells need certain natural hormones, such as estrogen, to grow. In women past menopause, the body uses an enzyme to change the hormones known as androgens to the hormone estrogen. This enzyme is called aromatase.
- ARIMIDEX is an aromatase inhibitor. Aromatase inhibitors bind to aromatase and block it so that it cannot change androgens to estrogens.
- ARIMIDEX reduces the total amount of estrogen in the body. This limits the amount of estrogen that can reach cancer cells, which may impair breast cancer cell activity.

WHO SHOULD NOT TAKE ARIMIDEX?

- Women who have ever had an allergic reaction to anastrozole, the active ingredient in ARIMIDEX. Women who are allergic to the inactive ingredients in ARIMIDEX pills, which are: lactose, magnesium stearate, hydroxypropylmethylcellulose, polyethylene glycol, povidone, sodium starch glycolate, and titanium dioxide
- Women who are pregnant, who think they may be pregnant, or plan to get pregnant. ARIMIDEX may harm an unborn child
- Women who haven't gone through menopause. Talk to your doctor if you're not sure
- Women who are breastfeeding
- Women who are taking tamoxifen or any therapy containing estrogen, such as hormone replacement therapy, birth control pills, estrogen creams, vaginal rings, or vaginal suppositories. These medications may lessen the effect of ARIMIDEX
- Children or men

HOW SHOULD I TAKE ARIMIDEX?

ARIMIDEX should be taken only when prescribed by a qualified doctor who knows about anticancer agents. Follow his or her instructions about when and how to take ARIMIDEX. If you are unsure or have questions, ask your doctor.

Take one ARIMIDEX 1 mg pill once a day. Swallow it whole with a drink of water. Try to take it at the same time each day. If you forget, then take the dose as soon as you remember, or take the next dose as usual. Don't take 2 doses to make up for the missed dose.

WHAT SHOULD I TELL MY DOCTOR BEFORE TAKING ARIMIDEX?

Before taking ARIMIDEX, tell your doctor if you

- are pregnant or think you may be pregnant
- have been told you have any other medical conditions
- are currently taking or have recently taken other prescription or over-the-counter medicines or herbal supplements

WHAT ARE POSSIBLE SIDE EFFECTS OF ARIMIDEX?

ARIMIDEX can have side effects. In clinical trials, less than 12% of patients stopped taking ARIMIDEX because of side effects.

Very rare (occurred in less than 1 in 10,000 patients), but serious side effects with ARIMIDEX are

- extremely severe skin reactions such as lesions, ulcers, or blisters
- allergic reactions with swelling of the face, lips, tongue, and/or throat. This may cause difficulty in swallowing and/or breathing

Stop taking ARIMIDEX and contact your doctor **immediately** if you have any of the reactions mentioned above

Common (occurred in 10% of patients or more) side effects with ARIMIDEX (listed more frequent to less frequent) are

- hot flashes
- joint symptoms (including arthritis and arthralgia)
- mood changes
- weakness
- pain
- sore throat
- depression
- high blood pressure
- nausea and vomiting
- osteoporosis
- rash
- back pain
- headache
- insomnia
- swelling of arms or legs
- accidental injury
- fractures, including fractures of the spine, hip, and wrist, happened more with ARIMIDEX than with tamoxifen (10% vs 7%)

Less common side effects with ARIMIDEX (listed more frequent to less frequent) are

- increased cholesterol
- infection
- weight gain
- increased cough
- dizziness
- urinary tract infection
- breast pain
- shortness of breath
- gastrointestinal disorder/disturbances (including stomach pain, diarrhea, constipation)
- bone pain
- loss of appetite
- joint pain or joint stiffness
- vaginal bleeding
- hair thinning
- sleepiness
- carpal tunnel syndrome (tingling, pain, coldness, weakness in parts of the hand)
- vaginal dryness

This is not a full list of possible side effects. If you have questions or experience any of these or other possible side effects, talk to your doctor.

HOW SHOULD I STORE ARIMIDEX?

Store ARIMIDEX at room temperature. Keep away from children. If your doctor tells you to stop treatment, discard the pills properly. Do not take your pills after they've expired.

WHERE CAN I GET MORE INFORMATION ABOUT ARIMIDEX?

Talk to your doctor. Full prescribing information is available on www.ARIMIDEX.com, or by calling 1-866-992-9276.

GENERAL ADVICE

It is important to take ARIMIDEX as prescribed, and to discuss with your doctor any health changes you experience while taking ARIMIDEX. You should only use ARIMIDEX for a condition for which it has been prescribed. Do not give ARIMIDEX to other people, even if they have the same medical condition. Keep ARIMIDEX and all medicines out of the reach of children.

Note: This summary provides important information about ARIMIDEX. For more information, please ask your doctor or health care professional about the full prescribing information and discuss it with him or her.

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Visit www.ARIMIDEX.com.
Or, call the AstraZeneca Cancer Support Network (AZ CSN) toll-free at **1-866-992-9276**

Once-daily
Arimidex®
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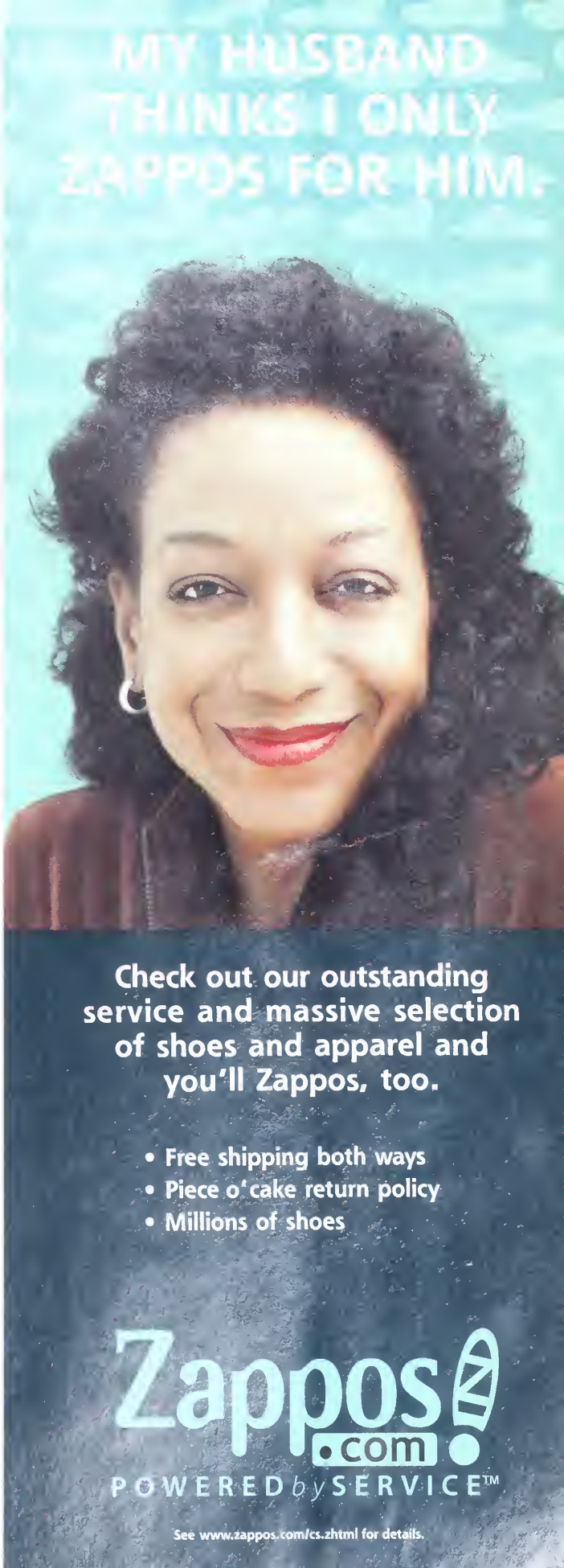
"SOMEONE I LOVE HAS BREAST CANCER"

FOR PHOTOS SEE PREVIOUS TWO PAGES

1 **Jennifer Poore,** 37, of Oxford, Alabama. Diagnosed in October 2006. Submitted by her friend, Cynthia Lynch.
2 **Diane Sanchez,** 37, of Katy, Texas (with her twin daughters), was diagnosed in December 2006 and is now taking Tamoxifen and Herceptin. Submitted by her sister, Gail Vannaman.
3 **Patty Judy,** 30, of Culpeper, Virginia, was diagnosed in February 2005. Submitted by her father, Walter Goodale.
4 **Lois Hines,** 62, of Los Angeles, was diagnosed six years ago. Submitted by her sister, Deborah Lawrence.
5 **Jana Schneider,** 46, of Spring Creek, Nevada, was diagnosed in 2000 and is now free of cancer. Submitted by her sister, Becky Roberts.
6 **Sandra Hall** (center, with daughter Leslie Convey, left), 49, of Mertztown, Pennsylvania, was diagnosed for a second time in 2006. Submitted by her sister, Sheila Van Wicklen (right).
7 **Meg Donahue,** 34, of Boise, Idaho. Diagnosed in March 2005. Submitted by her mother, Peggy Parks.
8 **Julie York,** 56, of Acworth, Georgia (left), and **Sue Lester,** 58, of Cambridge, Maryland (center). Submitted by their sister, Kathy Stevens (right).
9 **Kathy Stanford** (right), 57, of Springerville, Arizona, was diagnosed earlier this year. Submitted by her daughter, Jamie Kron (left).
10 **Victoria Ibarra** (right), 39, of Broomfield, Colorado. Diagnosed in April 2006. Submitted by son Tino Fraire (left).
11 **Julie Zaveral** (center, with Denver Broncos cheerleaders), 33, of Broomfield, Colorado, was diagnosed three years ago. Submitted by her mother, Linda O'Rourke.
12 **Angel Babb,** 34, of Smyrna, Georgia. Diagnosed in April 2007. Submitted by her sister, Alisa Rodgers.
13 **Michelle Davies,** 42, of Gilbert, Arizona (with daughter Megan). Diagnosed in January 2007. Submitted by her husband, Robert Davies.
14 **Lori Bruckheim,** 45, of Orlando, Florida (with daughter Maddie). Diagnosed three years ago and is now cancer free. Submitted by her sister, Debbie DeMarco.
15 **Hallie Palsgrove** (left), 54, of Long Beach, California, was diagnosed in May 2007. Submitted by her niece, Jenny Lindner (right).
16 **Maria Ewing,** 40, of Issaquah, Washington. Diagnosed for a second time in July 2006. Submitted by her friend, Desiree Swanson.
17 **Carrie O'Malley,** 34, of Austin, Texas (with niece Claire Olivia James), was diagnosed in May 2006. Submitted by her mother, Barbara Kapchinski.
18 **Bill Johnson,** 54, of Lincoln, Nebraska. Diagnosed in 1994. Submitted by his wife, Sue Johnson (left).
19 **Kara Allen,** 36, of Franklin, Tennessee (with daughter Macy), was diagnosed in November 2006. Submitted by her mother, Eileen Leonard.

LHJ.com

For more photos of vibrant women who have survived breast cancer, go to **www.lhj.com/faces**



THE COST OF CANCER CARE

Even for women with insurance, a breast-cancer diagnosis can be financially devastating. But help is available for those who need it



Call it the breast-cancer paradox. Remarkable strides have been made against the disease, with new therapies that hike survival rates and lengthen the lives of even women with advanced disease. But these potent treatments aren't cheap, and thousands struggle mightily to pay for them. They spend down their savings, may go into debt and end up deferring or even skipping needed care, which can shorten their lives. It's not a situation in which hardworking middle-class families expect to find themselves. But it can happen surprisingly easily.

Nearly 1 million Americans file for bankruptcy every year because of medical bills, which contribute to more than half the bankruptcies in the United States each year, a 2005 Harvard University study showed. These people are hardly deadbeats: Most are homeowners who had been to college and held responsible jobs. Even more surprisingly, more than three-quarters of those bankrupted by illness had health insurance, researchers found. Those who were stricken with cancer were hardest hit: Their out-of-pocket spending averaged a whopping $35,878.

Part of the problem is that many of today's health insurance policies, with high deductibles, copays, exclusions and loopholes, offer scant protection during a serious illness. Even policies with yearly out-of-pocket maximums CONTINUED

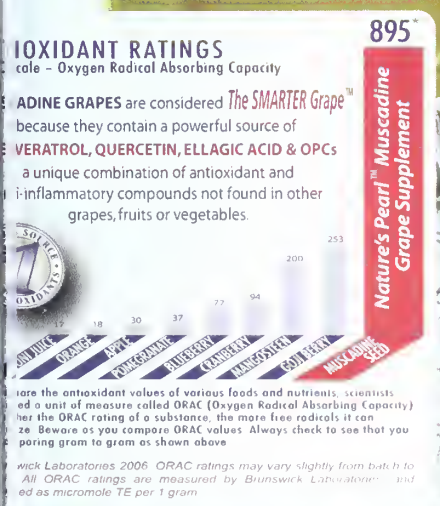
By LINDA [illegible]

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THE COST OF CANCER CARE

"The Meter Was Constantly Running"

Anne Cortes, 48, married with one daughter, of Greensboro, North Carolina

Almost two years ago Anne Cortes felt an almond-size lump while lying in bed doing her monthly breast exam. An ultrasound confirmed the worst—she had cancer in both breasts—triggering a 1½-year-long odyssey of tests, biopsies, appointments with specialists, a double mastectomy, intensive chemotherapy and other treatments.

Cortes, a self-employed community planner, had $375-a-month health insurance for herself and her teenage daughter. Her husband, who earns $2,800 a month as an adjunct professor at two colleges, has a separate policy. Medical bills sucked up the $10,000 loan she and her husband had taken out in the fall of 2005 to redo their kitchen, along with half of her earnings and all of their savings. And because she was sick and unable to work, her income plummeted roughly $10,000 a year, to about $20,000, making it that much harder to stay afloat.

While coping with breast cancer was difficult, the intense financial strain was the worst part, says Cortes, who has pared her family's living expenses down to the bare essentials—no summer camp, new clothes or birthday presents. "It felt like the meter was constantly running," she says. Cortes also skimped on her medical care. She sees her oncologist once a month instead of weekly, as recommended, has postponed finishing breast reconstruction and uses drug samples her doctor gives her rather than filling costly prescriptions for anti-nausea medication.

When a bone scan last June found a spot on her ribs, she hesitated before getting a CT scan to find whether her cancer had spread, and when she lost a molar because the chemo weakened her teeth, she couldn't afford to replace it. "I refuse to leave my family up to their ears in debts," says Cortes, whose cancer is now in remission.

THE CASH CRUNCH

Lost wages: $15,000 (over 18 months)

Lost savings: $6,000 (all they had)

Out-of-pocket costs: $23,689 (from 2005 to the summer of 2007: copayments, $2,500 per year; deductible, $3,000 maximum per year, which doesn't include medication and doctor visit copayments)

Result: More than $15,000 in debt, including $10,000 kitchen loan used for medical bills

that seem comprehensive may hit you with additional payments if the company won't pay more than "usual and customary" fees and your doctor charges more, or if it excludes certain types of treatment altogether. Adding to the misery, illness often forces breadwinners to take time off from work, because they're sick themselves or they have to care for an ailing family member, precipitating a downward financial spiral.

"Middle-class people fall through the cracks with a catastrophic illness," says study coauthor Steffie Woolhandler, M.D., an associate professor of medicine at Harvard Medical School. "Typically, families lose the paycheck and then the job-based health insurance benefits. Or they have insurance but are bankrupted by uncovered expenses."

Cancer care has become so expensive (see "What Insurance Pays and Doesn't Pay," page 170) that more than 20 percent of cancer survivors under the age of 65 (thus usually ineligible for Medicare) delay or miss treatments or don't fill a prescription because of cost, notes a 2006 study from the Centers for Disease Control and Prevention.

Fortunately, help defraying costs is available even for middle-class women who never thought they'd need assistance. "The good news is that there are resources," says Cheryl Perkins, M.D., a breast-cancer survivor and senior clinical adviser to Susan G. Komen for the Cure in Dallas. But as survivor Anne Cortes found, "Programs I looked into were all closed for breast-cancer patients because the high level of demand depleted the funding" (her story, above). CONTINUED ON PAGE 164

MODERATE TO SEVERE RHEUMATOID ARTHRITIS?

WEIGH the FACTS

Rheumatoid arthritis may cause joint pain and damage that make even simple tasks seem impossible.

In clinical study, almost 2 out of 3 people taking HUMIRA and methotrexate had no further joint damage. Even after 12 months.*



If rheumatoid arthritis makes a morning walk feel like too much, HUMIRA may be able to help. So talk to your rheumatologist.

The clinical study involved patients with early** rheumatoid arthritis (RA) who had not previously taken methotrexate. Almost 2 out of 3 people taking HUMIRA and methotrexate had no further joint damage after one year (compared to 37% taking methotrexate alone.) HUMIRA can reduce the pain, inflammation and fatigue of moderate to severe RA that make simple tasks impossible. HUMIRA is usually injected in the convenience of your own home. **So don't wait to talk to your rheumatologist.**

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adalimumab

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Individual results may vary.

**Diagnosed with moderate to severe RA for less than 3 years.

rmation You Should Know About HUMIRA® (adalimumab).
MIRA is approved for reducing the signs and symptoms, improving the ability to perform daily activities and preventing further damage to bones and joints in adults with derate to severe rheumatoid arthritis. HUMIRA can be used alone or with methotrexate or with certain other medicines. HUMIRA is approved for reducing the signs and mptoms of active arthritis, improving the ability to perform daily activities, and preventing further damage to bones and joints in adults with psoriatic arthritis. HUMIRA can used alone or with methotrexate or other DMARDs (disease modifying anti-rheumatic drugs). HUMIRA is approved for reducing signs and symptoms in patients with active ylosing spondylitis. HUMIRA is approved for reducing the signs and symptoms, in adults with moderate to severe Crohn's disease who have not responded well to ventional treatments. HUMIRA is also approved for these adults with moderate to severe Crohn's disease who have lost response or are unable to tolerate infliximab.

portant Safety Information you should know about HUMIRA® (adalimumab).
ous infections, including tuberculosis (TB), have happened in patients receiving HUMIRA. Some patients have died from these infections. **Before starting HUMIRA:** Tell your tor if you think you have an infection, are being treated for an infection, have signs of an infection (such as a fever, wound, or flu-like symptoms), have any open cuts or sores your body, get a lot of infections or have infections that keep coming back, have or had hepatitis B infection, live or travel in certain areas (such as the Ohio and Mississippi River valleys or the Southwest), have TB or have been in close tact with someone who has TB. Your doctor should test you for TB before starting HUMIRA. If your doctor prescribes medicine for the treatment of TB, you should start ng it before starting HUMIRA and take the full course of TB medicine prescribed. Also, tell your doctor if you have recurring cold sores or genital herpes, or have a disease that affects your ous system such as multiple sclerosis, have heart failure, are scheduled for any vaccines or major surgery, are pregnant, become pregnant, plan to become pregnant or are stfeeding. **After starting HUMIRA: Call your doctor right away** if you get an infection, any sign of an infection, a persistent cough, flu like symptoms, or have any open . or sores on your body. HUMIRA can make you more likely to get infections or make any infection that you have worse. **Do not start taking HUMIRA** if you are allergic to drug or anything in it. The needle cover of the prefilled syringe and the pen contain dry natural rubber latex. Tell your doctor if you have any allergies to rubber or latex. **Serious side cts of HUMIRA include:** Serious infections, certain types of cancer (there have been cases of cancer in patients taking HUMIRA or other TNF blockers. ents with more serious RA that have had the disease for a long time may have a higher chance for getting cancer (called lymphoma), allergic reactions (signs of a ous allergic reaction include a skin rash, a swollen face, or trouble breathing), hepatitis B virus reactivation in patients who carry the virus in their blood, nervous system blems (signs and symptoms of a nervous system problem include: numbness or tingling, problems with vision, weakness in your legs, and dizziness), blood problems mptoms include a fever that does not go away, bruising or bleeding very easily, or looking very pale), new or worsening of heart failure you already have (symptoms ude shortness of breath or swelling of your ankles or feet), and immune reactions including lupus-like syndrome (symptoms include shortness of breath, joint pain, or a rash our cheeks or arms that is sensitive to the sun). **Call your doctor or get medical care right away** if you develop any of the above symptoms. **Your treatment with MIRA may be stopped. The most common side effects of HUMIRA are:** injection site reactions (redness, rash, swelling, itching or bruising), upper respiratory infections us infections), headaches, rash, and nausea. These are not all the side effects with HUMIRA. Ask your doctor or pharmacist for more information.

se see adjacent pages for product brief summary.
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HUMIRA® (HU-MARE-AH)
(adalimumab)

Patient Information

Read the Patient Information that comes with HUMIRA before you start taking it and each time you get a refill. There may be new information. This leaflet does not take the place of talking with your doctor about your medical condition or treatment with HUMIRA.

What is the most important information I should know about HUMIRA?
HUMIRA is a medicine that affects your immune system. HUMIRA can lower the ability of your immune system to fight infections. **Serious infections, including tuberculosis (TB) have happened in patients receiving HUMIRA. Some patients have died from these infections.**

Before starting HUMIRA, tell your doctor if you:
- think you have an infection
- are being treated for an infection
- have signs of an infection, such as a fever, cough, or flu-like symptoms
- have any open cuts or sores on your body
- get a lot of infections or have infections that keep coming back
- have or had hepatitis B infection
- have TB, or have been in close contact with someone who has TB. Your doctor should test you for TB before starting HUMIRA. If your doctor prescribes any medicine for the treatment of TB, you should start taking it before starting HUMIRA and take the full course of TB medicine prescribed.
- take the medicine Kineret (anakinra)

After starting HUMIRA, if you get an infection, any sign of an infection including a fever, cough, flu-like symptoms, or have any open cuts or sores on your body, **call your doctor right away**.

HUMIRA can make you more likely to get infections or make any infection that you may have worse.

What is HUMIRA?
HUMIRA is a medicine called a Tumor Necrosis Factor (TNF) blocker. HUMIRA is used in adults to reduce the signs and symptoms of:
- **moderate to severe rheumatoid arthritis (RA)** in adults. HUMIRA can be used alone or with methotrexate or with certain other medicines. HUMIRA may prevent further damage to your bones and joints and may help your ability to perform daily activities.
- **psoriatic arthritis (PsA).** HUMIRA can be used alone or with certain other medicines. HUMIRA may prevent further damage to your bones and joints and may help your ability to perform daily activities.
- **ankylosing spondylitis (AS)**
- **moderate to severe Crohn's disease (CD)** in adults who have not responded well to other treatments.

People with these diseases have too much protein called tumor necrosis factor (TNF), which is made by the body's immune system. HUMIRA can reduce the amount of TNF in the body and block the damage that too much TNF can cause, but it can also lower the ability of the immune system to fight infections. See **"What is the most important information I should know about HUMIRA?"** and **"What are the possible side effects of HUMIRA?"**

HUMIRA has not been studied in children.

Who should not take HUMIRA?
Do not take HUMIRA if you have an allergy to HUMIRA or to any of its ingredients (including sodium phosphate, sodium citrate, citric acid, mannitol, and polysorbate 80). **The needle cover on the prefilled syringe contains dry natural rubber. Tell your doctor if you have any allergies to rubber or latex.**

To help your doctor decide if HUMIRA is right for you, before starting HUMIRA tell your doctor about all of your health conditions, including if you:
- **have an infection.** (See **"What is the most important information I should know about HUMIRA?"**)
- **have any numbness or tingling or have a disease that affects your nervous system such as multiple sclerosis**
- **have heart failure**
- **are scheduled to have major surgery**
- **are scheduled for any vaccines.** Patients receiving HUMIRA should not receive live vaccines.

Tell your doctor if you are pregnant, planning to become pregnant or breastfeeding. HUMIRA should only be used during a pregnancy if needed. Women who are breastfeeding should talk to their doctor about whether or not to use HUMIRA.

Pregnancy Registry: Abbott Laboratories has a registry for pregnant women exposed to HUMIRA. The purpose of this registry is to check the health of the pregnant mother and her child. Talk to your doctor to contact the registry for you at 1-877-311-8972.

Tell your doctor about all the medicines you take, including prescription and nonprescription medicines, vitamins, and herbal supplements. Your doctor will tell you if it is okay to take your other medicines while taking HUMIRA. Especially, tell your doctor if you take:
- **Kineret (anakinra).** You may have a higher chance for serious infections and a low white blood cell count when taking HUMIRA with Kineret.

Know the medicines you take. Keep a list of your medicines with you to show your doctor and pharmacist each time you get a new medicine.

How should I take HUMIRA?
- HUMIRA is given by an injection under the skin. Your doctor will tell you how often to take an injection of HUMIRA. This is based on your condition to be treated. **Do not inject HUMIRA more often than prescribed.**
- Make sure you have been shown how to inject HUMIRA before you do it yourself. You can call your doctor or 1-800-4HUMIRA (448-6472) if you have any questions about giving yourself an injection. Someone you know can also help you with your injection.
- If you take more HUMIRA than you were told to take, call your doctor.
- Do not miss any doses of HUMIRA. If you forget to take HUMIRA, inject a dose as soon as you remember. Then, take your next dose at your regular scheduled time. This will put you back on schedule. To help you remember when to take HUMIRA, you can mark your calendar ahead of time with the stickers provided in the back of the patient information booklet.

What are the possible side effects with HUMIRA?
Serious side effects have happened in people taking HUMIRA including:
- **Serious infections.** See **"What is the most important information I should know about HUMIRA?"**
- **Certain types of Cancer.** There have been cases of certain kinds of cancer in patients taking HUMIRA or other TNF blockers. Patients with more serious RA that have had the disease for a long time may have a higher chance for getting a kind of cancer called lymphoma.
- **Allergic reactions.** Signs of a serious allergic reaction include a skin rash, a swollen face, or trouble breathing.
- **Hepatitis B virus reactivation in patients who carry the virus in their blood.** Your doctor should monitor you carefully during treatment with HUMIRA if you carry the hepatitis B virus in your blood.

Nervous system problems. Signs and symptoms of a nervous system problem include: numbness or tingling, problems with your vision, weakness in your legs, and dizziness.

Blood problems. Your body may not make enough of the blood cells that help fight infections or help to stop bleeding. Symptoms include a fever that does not go away, bruising or bleeding very easily, or looking very pale.

New heart failure or worsening of heart failure you already have. Symptoms include shortness of breath or swelling of your ankles or feet.

Immune reactions including a lupus-like syndrome. Symptoms include shortness of breath, joint pain, or a rash on your cheeks or arms that is sensitive to the sun. Symptoms may go away when you stop HUMIRA.

Call your doctor or get medical care right away if you develop any of the above symptoms. Your treatment with HUMIRA may be stopped.

Common side effects with HUMIRA include:

Injection site reactions such as redness, rash, swelling, itching, or bruising. These symptoms usually will go away within a few days. If you have pain, redness or swelling around the injection site that doesn't go away within a few days or gets worse, call your doctor right away.

Upper respiratory infections (sinus infections)

Headaches

Rash

Nausea

These are not all the side effects with HUMIRA. Ask your doctor or pharmacist for more information.

How do I store HUMIRA?

Store HUMIRA in a refrigerator at 36 to 46°F (2°C to 8°C) in the original container until it is used. Protect from light. **Do not freeze HUMIRA.** Refrigerated HUMIRA remains okay to use until the expiration date printed on the prefilled syringe or Pen. If you need to take HUMIRA with you, such as when traveling, store it in a cool carrier with an ice pack and protect it from light. If your HUMIRA has been frozen, do not use it, even after it has thawed. Do not use a Pen or prefilled syringe if the liquid is cloudy, discolored, or has flakes or particles in it. For additional information or questions, you can call 1-800-4HUMIRA (488-6472).

Do not drop or crush HUMIRA. The prefilled syringe is glass.

Keep HUMIRA, injection supplies, and all other medicines out of the reach of children.

General information about HUMIRA

Medicines are sometimes prescribed for purposes not mentioned in a Patient Information Leaflet. Do not use HUMIRA for a condition for which it was not prescribed. Do not give HUMIRA to other people, even if they have the same condition. It may harm them.

This leaflet summarizes the most important information about HUMIRA. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information about HUMIRA that was written for healthcare professionals.

For other information and ideas you can enroll in a patient support program by calling 1-800-4HUMIRA (448-6472).

How Do I Dispose of Syringes and Needles?

You should always check with your doctor's office for instructions on how to dispose of used needles and syringes. You should follow any special state or local laws regarding the disposal of needles and syringes. **Do not throw the needle or syringe in the household trash or recycle trash.**

- Place the used needles and syringes in a container made specially for disposing of used syringes and needles (called a "Sharps" container), or a hard plastic container with a screw-on cap or metal container with a plastic lid labeled "Used Syringes". Do not use glass or clear plastic containers.
- **Always keep the container out of the reach of children.**
- When the container is about two-thirds full, tape the cap or lid down so it does not come off and dispose of it as instructed by your doctor, nurse or pharmacist. **Do not throw the container in the household trash or recycle trash.**
- Used alcohol pads may be placed in the trash, unless otherwise instructed by your doctor, nurse or pharmacist. The dose tray and cover may be placed in your recycle trash.

Ref: 03-5566-R12

Rev. February, 2007

07B-64C-T745-2 **MASTER**

07A-64R-S990-2

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THE COST OF CANCER CARE

"We Went Through All Our Savings"

Denise Cooper, 40, married with two sons, of Castle Rock, Colorado

In October 2004 Cooper, a part-time before-and-after-school teacher, felt a lump during her monthly breast self-exam. Then only 37, she had never had a mammogram. Tests found invasive stage-2 cancer in her left breast. The next nine months were a blur of surgery (she had a mastectomy), radiation and chemotherapy, during which she was unable to work for one year.

Because her husband works in law enforcement for the state, the family has excellent health insurance coverage, and they had lived comfortably on their then-$60,000 annual income. But her illness plunged them into tough financial straits as medical expenses sucked up more than 15 percent of their now-reduced pay.

"It was a double whammy—I stopped working and we were suddenly paying out all this money," says Cooper. "We went through all of our savings and were using our credit cards, which have such high interest rates that our financial problems were compounded. We even seriously considered selling our home or cashing in my life insurance."

Cooper's cancer is in remission, but they're not nearly out of the woods financially. The couple has since consolidated their debts into a lower-interest bank loan that they're paying off at $277 a month and they have cut out all the extras, such as cable TV and swim classes for her two sons, 12 and 9. "Even with insurance, we were drowning in debt," she says.

THE CASH CRUNCH

Lost wages: $5,000 (over one year)

Lost savings: $750 (all they had)

Out-of-pocket costs: $8,000 ($3,250 per year for two years in copayments for doctor's visits, hospital stays, surgery, treatment, plus $1,500 for breast reconstruction)

Result: More than $9,000 in debt

IMPORTANT
Insurance Warning

If you become sick, you could find yourself locked out of most health insurance forever. Don't let your current insurance lapse. Under HIPAA (Health Insurance Portability and Accountability Act) rules, you can't be denied coverage for a preexisting condition, such as breast cancer, if you have had coverage for at least 12 months and switch health plans—but you must sign up for another plan (including Medicare) within 63 days of leaving your former group plan. Don't overlook COBRA, if you qualify. This gives employees and their spouses and dependent children the chance to stay in employer-sponsored health plans for 18 months after the employee is terminated. (You're also covered after the death of or divorce from a covered employee.) Though COBRA can cost a reported $1,000 a month for a family of four, it can buy time to make other arrangements.

WHAT'S NOT COVERED

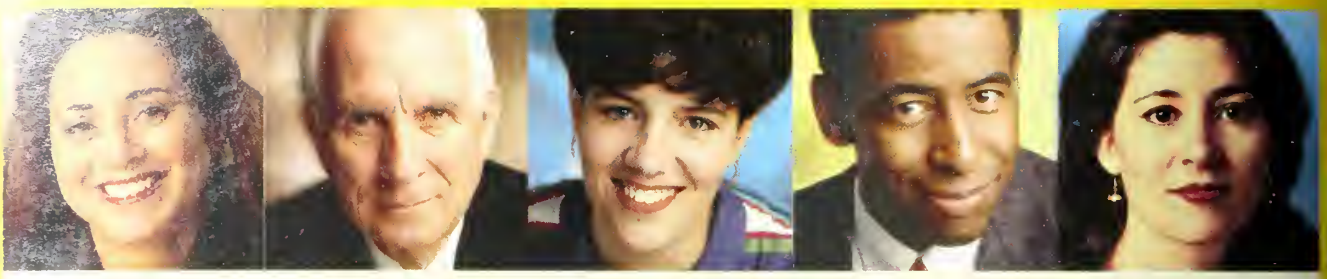
For a patient with breast cancer, surgery is just the beginning of the blizzard of bills. Many women need chemotherapy or have to take medication for up to five years to prevent recurrences. The newer, biologically based cancer drugs have improved treatment, but they have hefty price tags. Yearly costs for Herceptin, for example, are about $40,000—and that doesn't count doctor visits. For those who have no out-of-pocket maximum, paying 20 percent of these expenses (a common coinsurance fee) can wipe out savings or put an average family in debt. Even among patients with Cadillac coverage, out-of-pocket expenses can eat up 26 percent or more of monthly income, according to a 2004 study. Women who need continuous treatment for the rest of their lives may spend hundreds each month. The CONTINUED

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It's not who you think. It's a lot Smarter.

Our hearty Pot Roast has a great new taste, with roasted russet potatoes, crispy veggies and tender chunks of beef drenched in a rich herb gravy. And with 230 calories, you'll love how smart it is.

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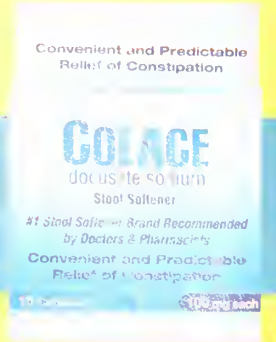
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WHEN MONEY CAN SAVE YOUR LIFE

Even comfortably middle-class women who are insured and have breast cancer may be eligible for assistance. Karen Boccella-Lemmon, 36, of Flowery Branch, Georgia, is a prime example. She owned a preschool and her husband ran his own window-installation business. Their combined income of $70,000 allowed them to own their own home. Then, shortly after her daughter was born, in 2006, Karen was diagnosed with stage-3 breast cancer, needing weekly chemo.

The family was paying insurance premiums of $390 a month, had a $4,000 total deductible before coverage kicked in and had to make sizable copayments ($50) for drugs, doctor's visits and other treatments. The couple burned through their savings, racked up an additional $11,000 in debt and saw their income drop to about $40,000 because Karen had to close her school.

Their new finances made the $200 to $250 monthly copayment for chemo an almost-impossible stretch—until Karen qualified for a program offered by the **Patient Advocate Foundation** (PAF), in Newport News, Virginia, which covers up to $2,000 a year in out-of-pocket costs. "I'm not only facing a terminal illness, but I've had to deal with creditors," says Boccella-Lemmon. "I cried when I got approved. The grant has been a huge help."

PAF is one of several nonprofits that help pay for drugs, other treatments, home health and transportation—even wigs. The **Patient Access Network Foundation,** of Charlotte, North Carolina, helps defray prescription therapy costs; middle-class families living at up to four times the federal poverty level may qualify.

Most cities have local nonprofits that offer assistance. For referrals, contact member organizations or local affiliates of **Susan G. Komen for the Cure,** the **National Breast Cancer Coalition** or **Y-ME National Breast Cancer Organization.** Local hospitals may have clinics that provide low-cost care or social workers who can help you find funds. Some drug companies provide prescription meds at little or no cost, depending on need. (See *www.lhj.com/breastcancer* for more on finding help.)

Women who don't have or lose health insurance may be eligible for free or low-cost state or federal programs even if they make too much money to qualify for Medicaid. When Kathy L. Hall, 39, of Little Rock, Arkansas, left her job as an attorney at the state's human services department, in 2006, she didn't take COBRA insurance because it cost $600 a month, half her benefit from unemployment.

The divorced mother of two made a bad gamble: This April she was diagnosed with breast cancer. Since she earns less than $2,000 a month in the private law practice she began, she was able to join the state's breast-care program, which covers many cancer expenses.

These programs help, but they're just Band-Aids, says Fran Visco, president of the **National Breast Cancer Coalition.** "It's crazy that someone has to choose between their mortgage and buying lifesaving drugs. The system needs to give everyone access to quality care."

accumulated tab over the years can reach their insurance plan's lifetime maximum—then they're on their own.

It's even harder for the tens of thousands who are underinsured—often self-employed or low-wage workers—whose less-costly policies come with annual deductibles of $3,500 or more (instead of, say, $500), plus steep copayments for medication, tests, treatments and doctor's visits that can add up to hundreds of dollars every month and very high or no yearly out-of-pocket maximums.

Best selling author Barbara Ehrenreich was caught in the insurance trap when she was diagnosed with stage-2 breast cancer six years ago and had to cut back on work and stop public speaking to avoid catching colds during chemo. "I ended up writing my insurance company a letter saying that I'm CONTINUED ON PAGE 170

An enchanting holiday escape ... the

First-ever "Thomas Kinkade White Christmas" Masterpiece Edition Crystal Snowman!



Four hand-painted, 3-D village buildings, a pond, a bridge and 10 villagers nestle within the sparkling crystal snowman

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An outstanding value; order now! Limit 1 per customer.

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spending hours on the phone trying to get reimbursed and it's undermining my health," she says. After developing cancer she cofounded United Professionals, a group that helps white-collar workers get health insurance and lobbies to make it not tied to one's job.

Patients exhausted from treatment wrestle with red tape. "I have one patient whose insurance only covers medicine that is given intravenously," says Marisa Weiss, M.D., an oncologist and president of Philadelphia's Breastcancer.org. "But some of this patient's best chemotherapy options only come in pill form, which she has to pay for out of pocket. This distinction makes little sense." A November 2006 survey of nearly 1,000 families affected by cancer, overseen by the Kaiser Family Foundation, the Harvard School of Public Health and *USA Today*, found that one in four families faced serious financial hardships and 6 percent of people lost their health-insurance coverage due to dealing with the disease. Even those with coverage had problems: One in five used up all or most of their savings, one in 10 borrowed money from relatives, 9 percent were contacted by a collection agency and 10 percent reached lifetime insurance limits.

It was even worse for those without insurance throughout their illness: More than one in four delayed or didn't get treatment, nearly half used all or most of their savings, more than a third were contacted by a collection agency, four in 10 were unable to pay for basics like food, heat and rent. That's why health care will be key in the 2008 election.

WHAT INSURANCE PAYS—AND DOESN'T PAY

The average cost to stay in the hospital for breast-cancer surgery, including the surgeon and anesthesiologist, is $6,900 (average stay: just under three days), according to a 2006 study by the Agency for Healthcare Research and Quality, in Rockville, Maryland. A surgical biopsy to examine the suspicious tissue falls in the $2,500 range.

In big cities, costs can run a lot higher. Here's what Atlanta attorney Ellen Williams was billed in just five months (July–October 2005) after being diagnosed and treated for breast cancer. The difference between what she was charged and what the insurance ended up paying was $42,097. She actually paid about $3,000 out of pocket beyond what the insurance covered, and the hospital absorbed the rest. People without insurers to negotiate rates may end up being charged full freight.

WILLIAMS'S TOTAL MEDICAL EXPENSES OVER SIX MONTHS

SERVICE	ACTUAL CHARGE	AMOUNT INSURER PAID	SHORTFALL
Annual Mammogram	$690	$458	$232
Biopsy	$6,204	$3,901.20	$2,302.80
Global Ultrasound	$1,505.25	$585.75	$919.50
Thyroid Ultrasound	$740	$53	$687
Surgical Consultations	$1,106	$698	$408
Mastectomy With Reconstruction (Including Anesthesia)	$39,195.29	$8,605.90	$30,589.39
Surgery to Insert Port	$9,379	$3,951.70	$5,427.30
Echocardiogram	$1,384	$968.80	$415.20
Chemotherapy	$14,168.70	$12,757.54	$1,411.16
GRAND TOTALS	**$74,372.24**	**$31,979.89**	**$42,392.35**

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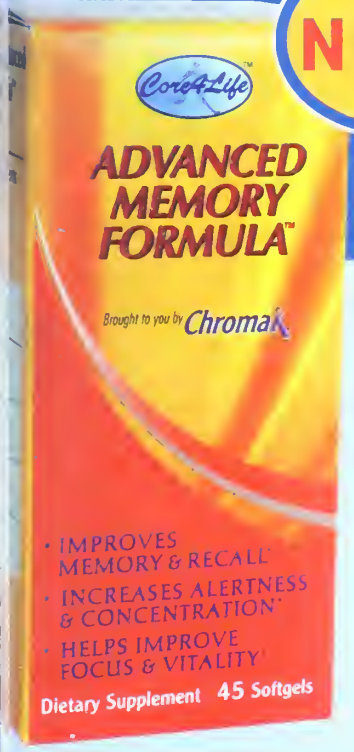
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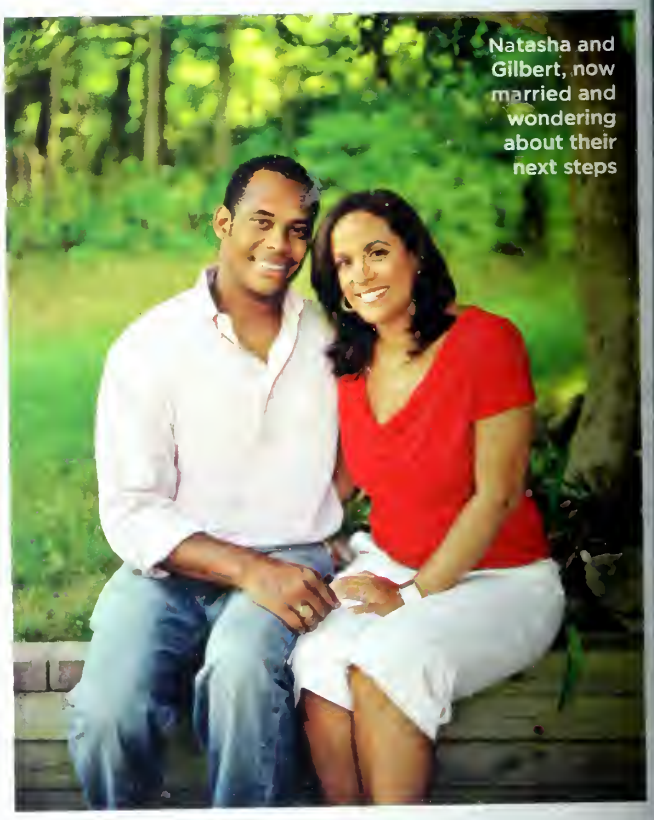
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LIFE, INTERRUPTED

A breast-cancer diagnosis never comes at a good time, but for some women the timing—at the start of a new relationship, during a pregnancy, right after a promotion—couldn't be more terrifying



Natasha and Gilbert, now married and wondering about their next steps

"I had just fallen in love"

By ANDREA GURWITT

Natasha Toro, a kindergarten teacher in New York City, has known since she was little that getting married and having children were her biggest life goals. At 34 she had a job she loved and had just started dating Gilbert Chrisphonte, an old friend of her kid brother. Gilbert, now 36, an account executive at a medical staffing agency, already had three children by previous marriages. To Natasha he seemed like more of a party guy—smart but not that deep. She didn't really see him as husband material but enjoyed his company enough to keep dating him.

Then, during Christmas break—she'd been dating Gilbert for six months—Natasha did her regular breast self-exam, just as she had faithfully done ever since she'd felt a hard mass in her left breast 10 years earlier. She'd had it checked then and the results were negative. Now she felt a lump again, even harder and bigger.

She went for a mammogram and ultrasound as soon as possible, on January 4, 2005, then a core biopsy the next day. Two days later, when she called for biopsy results, she heard that cancer cells had been found.





When Natasha lost her hair to chemo, Gilbert shaved off his, too. One year later they were married

All she remembers hearing is the word "cancer." First she was incredulous. "There's no way I'm sick. It doesn't happen in my family," she remembers thinking. Then she got sad—she already knew from her previous breast-cancer scare that treatments like chemotherapy could end her chances of having a baby. Friends stayed with her during the day. Later, Gilbert came over.

"Get dressed," he told her.

"Why?" she asked.

"We're going to go out," he said. And that was the evening their relationship began to change. "Prior to this I CONTINUED

Been thinking about how to make that lower sodium dinner taste good? We have too.

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Healthy Request® Cheesy Chicken & Rice Bake

Make in minutes. Prep: 5 minutes. Bake 45 minutes. Makes 4 servings.

- 1 can (10-3/4 oz.) Campbell's® Healthy Request® Cream of Chicken soup
- 1 and 1/3 cups water
- 3/4 cup **uncooked** long-grain white rice
- 1/2 tsp. onion powder
- 1/4 tsp. ground black pepper
- 2 cups fresh **or** frozen vegetables
- 4 skinless, boneless chicken breast halves
- 1/2 cup reduced fat shredded Cheddar cheese

1. Stir soup, water, rice, onion powder, black pepper and vegetables in 11 x 8" (2-qt.) shallow baking dish.
2. Top with chicken. Season chicken as desired. **Cover.**
3. Bake at 375°F for 45 minutes or until chicken and rice are done. Top with cheese. Let casserole stand for 10 minutes. Stir rice before serving.

Nutritional Values Per Serving: Calories 369, Total Fat 8g, Sodium 476mg, Total Carbohydrate 38g, Dietary Fiber 2g, Protein 35g

only saw the fun side of him. But we never really talked about meaningful things."

Now they had a lot to talk about. The tumor was big enough that the doctors suggested chemo first in hopes of shrinking it before surgery. Natasha was surprised by how much Gilbert was able to help her sort out her feelings and handle her fears. Still, she tried to give him an out: "You didn't sign up for this," she told him. "It's okay to end it."

But he wouldn't. And when Natasha decided to have embryos frozen to give her a better chance to have kids in the future despite the cancer, it was Gilbert she asked to be the sperm donor. He agreed. "It was really horrible. I had to have a shot every day." Gilbert learned to give her the shot. "I felt like since we did all this together, he's here to stay," Natasha says. "When I told him I was sad that I would miss the excitement of finding out I was pregnant, he even said, 'We get to plan it.'"

That spring, during her 16 weeks of chemotherapy, she continued to work, taking days off after the treatments. Her thick brown hair fell out. Her skin paled and her face became blotchy. She wore scarves and hats at school—her wig was hot and uncomfortable. She thought she looked horrible.

Gilbert shaved his head in an act of solidarity. He even took pictures of their two bald heads. During the chemo they traveled with friends to the British Virgin Island of Tortola. "We did everything normal people do," Gilbert says.

After weighing different treatment options, Natasha had a double mastectomy in July 2005. She wanted to eliminate the chance of cancer spreading to her right breast. Doctors found she had had stage-2 invasive ductal carcinoma, cancer of the milk ducts that had spread to surrounding breast tissue. At the same time, she had breast reconstructive surgery. Two expanders were inserted to stretch the skin and muscle. Later, she got saline implants. Every day for six weeks that fall she left school to have radiation.

Three months after the treatments ended, in February 2006, Gilbert proposed. They were married in Montego Bay, Jamaica, that August, with just their immediate families and a few friends in attendance.

Natasha's hair has grown back now, wavy and beautiful. She continues to work. And plan. In July she stopped taking Tamoxifen. Her body needs to be free of the drug in order for her to try to implant those embryos (she'll need three more years of Tamoxifen afterward). She worries she is being selfish by wanting a child. "I don't know if I'm going to get sick again five years from now or two years from now," she says. When she tells that to Gilbert he says right back that she's not going to die and she's going to be fine. "And that," Natasha says, "is, honestly, the best thing to hear."



When radiation was over, on July 17, "a weight had been lifted," says Diana

"I had just gotten promoted"

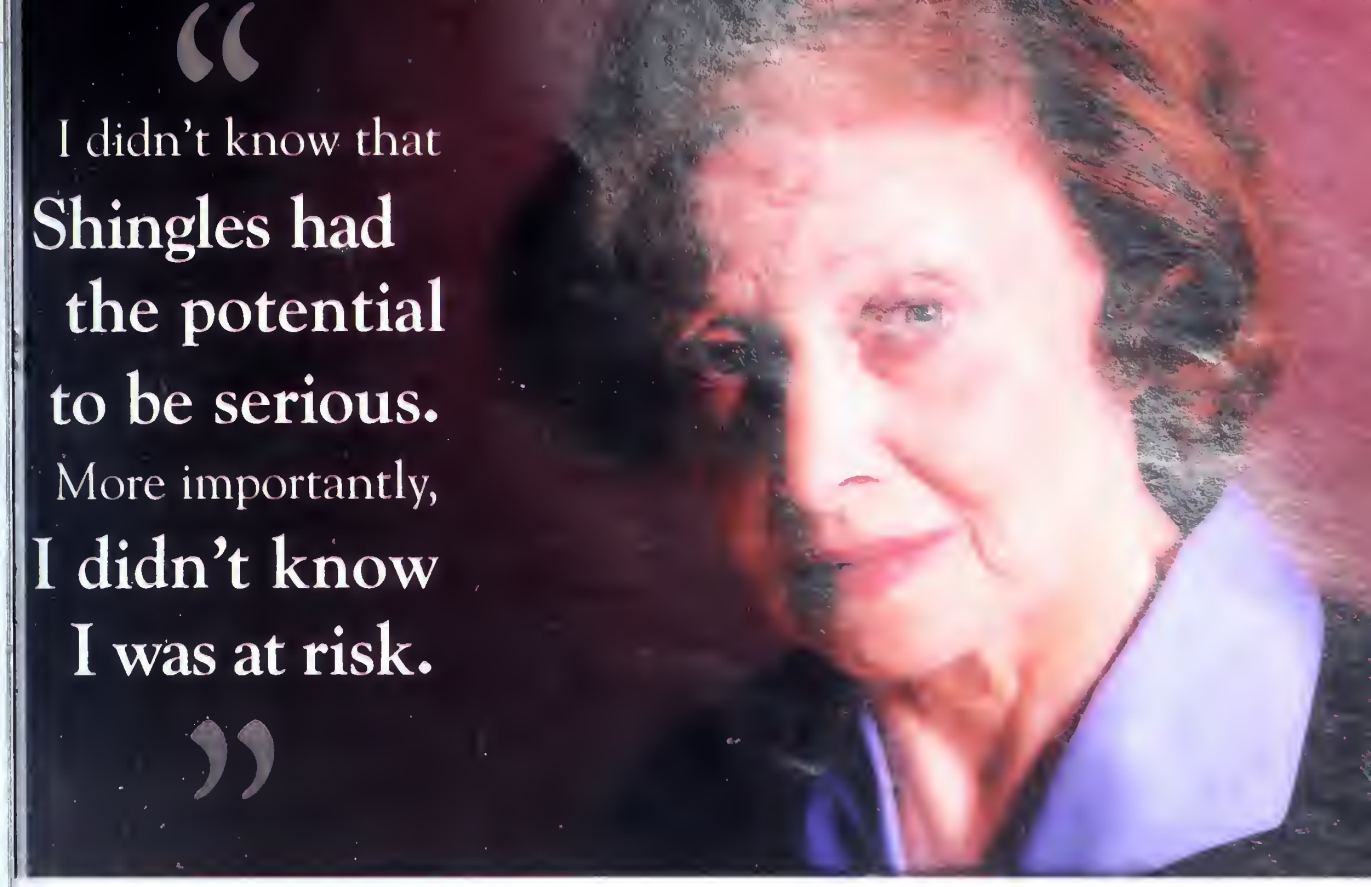
Diana Saachi-Martinovic was just six months into a long-worked-for promotion to vice president of human resources for Avon's Asia region when she got the call. It was December 28, 2006, on a New York City street, during a Christmas outing with her two sons.

Her doctor told her that a needle biopsy revealed she had ductal carcinoma, cancer of the milk ducts, in her left breast. The tumor was small and it was too early to know whether the cancer had spread or what stage it was in.

She told her boys, CONTINUED ON PAGE 178



Strong partners: Diana Saachi-Martinovic and husband Alek Martinovic at a wedding in Block Island the summer before her diagnosis



: you've had chickenpox, you're at risk for this potentially serious disease.

ine out of ten adults in the United States have had ickenpox. You were probably one of them. Shingles caused by the same virus that causes chickenpox. ıe virus can remain inactive in your body. If the us becomes active again, it can cause Shingles.

he older you get, your risk for hingles increases.

s you get older, your immune system weakens. ıat means your risk for Shingles increases. In fact, the estimated 1 million cases of Shingles in the ıited States every year, almost half of them occur adults age 60 or older. One out of two people ıo live to age 85 will have Shingles.

ıingles can be painful and otentially serious.

ıe first signs of Shingles may include itching, gling, and burning. A few days later a blistering rash appears, which can last up to 30 days. For most people, the pain associated with the rash lessens as it heals. However, for some people, Shingles may lead to pain that can last for months or even years after the rash heals. This is called postherpetic neuralgia (PHN).

The pain from PHN can range from burning or throbbing to pain that is stabbing or shooting. For many people with PHN, even the touch of soft clothing or a slight breeze against the skin can be painful.

Shingles can lead to other serious complications that may include scarring, skin infections, muscle weakness, and decrease or loss of vision or hearing.

For more information, call 1-888-874-4645 (1-888-8-SHINGLE) or visit shinglesrisk.com

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Regina has now recovered enough to feed Nate—and to go back to work

Maurizio and Francesco, then 16 and 11, the bad news, right there on the street. She also called her husband, Alek Martinovic, at his New York office, and her parents in Peru. Then the trio continued their planned visit to the Nintendo store and to dinner.

All this had started with a routine mammogram nine days earlier. By January 1, when Diana called her boss in Hong Kong, she knew she'd have surgery and more tests to learn what else to do. He told her not to worry, to just take care of herself.

Despite the support of her company, Diana felt the pressure of a job with responsibility for a few thousand Avon employees in 10 Asian countries. She'd agreed to spend two out of every four weeks in Asia, which allowed her to avoid uprooting her husband, who works for the United Nations Security Council, and sons from Westport, Connecticut, where they've lived for almost 15 years.

But now, instead of flying to Hong Kong on January 7 for a meeting of Asia-region managers she'd helped organize, she visited more doctors; both her New York HR boss and Avon's CEO, Andrea Jung, had put her in touch with the Avon Foundation, which referred her to breast-cancer physicians. Two weeks later, on January 15, Diana had a lumpectomy at the Memorial Sloan-Kettering Cancer Center. Though her cancer was stage 1, the tumor was aggressive. She took her only time off then—a two-week disability leave—to ponder the next choices.

When an Oncotype DX test showed a 12 percent chance of cancer returning within 10 years, she decided on chemo. "I wanted to kill all the cells before they even think about coming back into my body," she said. From March to May, she worked by e-mail and phone and went to her New York office once or twice a week.

Slowly, Diana began to travel again. In fact, she was at a business meeting in Florida in March, by which time her hair had already begun to fall out in clumps, when she decided to cut it off. When she returned home, her formerly shoulder-length hair was an inch long. "That was a bit of a shock," says Maurizio, now 17.

Until she lost her hair, many people didn't know she was sick. "I told people selectively on a one-on-one basis," she says. When her hair fell out, though, she mostly wore scarves rather than her wig. "A scarf is just more comfortable," she says. Between May, when chemo ended, and June, when radiation began, she managed to travel to Bangkok.

But cancer makes you concede some things, and Diana decided she had to tell Avon she couldn't keep up her intense travel schedule. Avon offered her a new position, vice president of human resources for global corporate functions, based in New York, with a start date of September 1. She will still travel, but much less.

"I was 33 weeks pregnant"

Nathaniel saved her life.

That's what Regina Stuve believes and what her doctor says is entirely possible.

Regina was seven months pregnant with Nate when she found a lump in her left breast while putting on sunscreen. She was going for the last boat ride of the summer, her Fendi sunglasses and a straw cowboy hat firmly in place. It was September 4, 2006, Labor Day.

"Don't worry," people said. "You're pregnant; your breasts get lumpy."

Up till then she'd had the kind of life where everything did turn out to be fine. She was a 36-year-old publicist for Universal Music Group Nashville, in Tennessee, married for seven years to Ron Stuve, 45, vice president of artists and repertoire at BMG Music Publishing. They had a chocolate Labrador, Luey, and lived in a 1940s stone Tudor house 10 minutes from her job. Regina worked with country music stars like Reba McEntire, Vince Gill and Josh Turner. She had a personal trainer, ate well and had never been seriously sick.

An ultrasound on September 27 showed something. You have an 80 CONTINUED

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percent chance it's nothing, her doctor told her, but he did a biopsy that same day, just to be sure.

On October 2, Regina got the call at work. She had breast cancer. Her world stopped. Although some researchers believe some treatments can be safe, she resisted the idea of having chemotherapy while she was still pregnant. "I literally put my fingers in my ears, saying '*lalala*,' when the doctor tried to talk to me about it," she said.

The next day her gynecologist told her Nate was big enough for her to have induced labor. The following morning, now 34 weeks into the pregnancy, Nate was born, at five pounds, 12 ounces.

Nine days later, with Nate still in the hospital for monitoring, doctors removed Regina's breast and with it an aggressive (stage-2) cancer that had not yet spread to the lymph nodes. Because it was hormone positive, her pregnancy hormones may indeed have made it show up faster.

The surgery was followed by five months of exhausting chemotherapy and six weeks of daily radiation. All that, plus a newborn, meant Regina needed help with everything. Her mother, Brenda Stephens, moved in for a time to tend to Regina. When Regina didn't have enough energy to wash her face, her mom washed it for her and rubbed cream into her dry skin. Ron calls Brenda "the most valuable player in all this." Meanwhile, Ron tended to Nate.

The country music world circled the family. Stars and execs celebrated Nate's birth, brought in food during the long recovery, and sent flowers, gifts and many e-mails of concern—including one sent by Reba McEntire, who also paid for Regina's two wigs and gave her a personalized quilt for Nate's nursery.

"The warm embrace that I feel from my friends in the music industry continues to lift my spirit and gives me strength," Regina wrote in her journal in November.

The part that hit her hardest emotionally was losing her long blond hair. It was even harder than not breastfeeding, since she could hold Nate close to bottle-feed him. Once, outside a market in Florida where the family vacationed this June after her last radiation treatment, a little boy looked up at the person in the big straw hat, sunglasses and long-sleeved shirt and said, "Is that a lady, Mommy?" Regina is not a crier, but she cried about this. A hair/makeup artist friend made hair extensions on strips that Regina could Velcro into her hats (see photo at left).

Regina's hair has grown to half an inch now. She and Ron joke that the whole family has the same hairstyle, Nate included. Because her cancer was both hormone and HER2 positive, she'll take Herceptin (for HER2) until February 2008 and Tamoxifen (to deal with hormones) for five years. The combination of the two drugs is designed to help lower the risk of recurrence, according to her oncologist, David Johnson, M.D., director of the division of hematology/oncology at the Vanderbilt-Ingram Cancer Center. She plans to have breast-reconstruction surgery after Christmas.

Regina went back to work in July. Her boss sent her flowers, and her coworkers told her she didn't look sick at all.

And on October 4, the boy who saved his mother's life turns a year old.

Healia

You can do a smart and tailored search for authoritative medical data *and* find clinical trials: Log on to **www.lhj.com/breastcancer** and click on **Healia**

"WHEN YOU FEEL LOVED, YOU ARE EMPOWERED," SAYS REGINA OF SUPPORT FROM FRIENDS





Regina (left) on the day after her diagnosis, when her doctor said Nate was big enough to be born—the next morning! Right: Regina, wearing one of her special caps, with Nate and husband Ron Stuve



Are bladder leaks and accidents interrupting your life?

Then maybe it's time to ask your doctor about Enablex, a prescription medicine for overactive bladder. Enablex can help **reduce leaks and accidents for a full 24 hours.** It's specifically designed to target the muscles that control the bladder. And more control means less interruptions.

Enablex is used in adults to treat symptoms of overactive bladder, including leaks and wetting accidents (called "urinary incontinence"), a strong need to go to the bathroom right away (called "urgency"), and having to go too often (called "frequency").

Important Information: You should not take once-daily Enablex if you have certain types of stomach problems, glaucoma or have trouble emptying your bladder. Side effects of Enablex include blurred vision and more commonly dry mouth, constipation, indigestion, and abdominal pain. Use caution when doing certain activities until you know how Enablex affects you

Please read the Patient Product Information on the adjacent page. If you don't have prescription coverage and can't afford your medicines, call 1-800-245-5356 or log onto pap.novartis.com. To learn more, call 1-877-3-ENABLEX or visit enablex.com. **Ask your doctor about Enablex.**

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PATIENT INFORMATION

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Read the Patient Information that comes with ENABLEX® before you start taking it and each time you get a refill. There may be new information. This leaflet does not take the place of talking to your doctor or other healthcare professional about your medical condition or your treatment. Only your doctor or healthcare professional can determine if treatment with ENABLEX is right for you.

What is ENABLEX?

ENABLEX is a prescription medicine used in adults to treat the following symptoms due to a condition called overactive bladder:

- having a strong need to go to the bathroom right away (also called "urgency")
- leaking or wetting accidents (also called "urinary incontinence")
- having to go to the bathroom too often (also called "urinary frequency")

What is overactive bladder?

Overactive bladder happens when you cannot control your bladder contractions. When these muscle contractions happen too often or cannot be controlled, you get symptoms of overactive bladder, which are urinary urgency, urinary incontinence (leakage) and urinary frequency.

Who should not take ENABLEX?

Do not take ENABLEX if you:

- are not able to empty your bladder (also called "urinary retention")
- have delayed or slow emptying of your stomach (also called "gastric retention")
- have an eye problem called "uncontrolled narrow-angle glaucoma"
- are allergic to ENABLEX or to any of its ingredients. See the end of this leaflet for a complete list of ingredients.

ENABLEX has not been studied in children.

What should I tell my doctor before starting ENABLEX?

Before starting ENABLEX, tell your doctor or healthcare professional about all of your medical conditions including if you:

- have any stomach or intestinal problems, or problems with constipation
- have trouble emptying your bladder or if you have a weak urine stream
- have an eye problem called narrow-angle glaucoma
- have liver problems
- are pregnant or are planning to become pregnant. It is not known if ENABLEX can harm your unborn baby.
- are breast-feeding. It is not known if ENABLEX passes into breast milk and if it can harm your baby.

Tell your doctor about all the medicines you take, including prescription and nonprescription medicines, vitamins, and herbal supplements. ENABLEX and certain other medicines can interact with each other, causing side effects. Especially tell your doctor if you take:

- ketoconazole (Nizoral®) or itraconazole (Sporonox®), antifungal medicines
- clarithromycin (Biaxin®), an antibiotic medicine
- ritonavir or nelfinavir (Viracept®), antiviral medicines
- nefazadone (Serzone®), a depression medicine
- flecainide (Tambocor™), an abnormal heartbeat (antiarrhythmia) medicine
- thioridazine (Mellaril®), a mental disorder (antipsychotic) medicine
- a medicine called a tricyclic antidepressant

Know all the medicines you take. Keep a list of them with you to show your doctor and pharmacist each time you get a new medicine.

How should I take ENABLEX?

Take ENABLEX exactly as prescribed. Your doctor will prescribe the dose that is right for you. Your doctor may prescribe the lowest dose if you have certain medical conditions such as liver problems.

- You should take ENABLEX once daily with liquid.
- **ENABLEX should be swallowed whole and not chewed, divided or crushed.**
- ENABLEX may be taken with or without food.
- If you miss a dose of ENABLEX, take it as soon as you remember on the same day. Do not take two doses of ENABLEX in the same day.
- If you take too much ENABLEX, call your local Poison Control Center or emergency room right away.

What are the possible side effects of ENABLEX?

The most common side effects with ENABLEX are:

- dry mouth
- constipation

ENABLEX may cause other less common side effects that include:

- blurred vision. Use caution while driving or doing dangerous activities until you know how ENABLEX affects you.
- heat prostration. Heat prostration (due to decreased sweating) can occur when drugs such as ENABLEX are used in a hot environment.

These are not all the side effects with ENABLEX. For more information, ask your doctor, healthcare professional or pharmacist.

How do I store ENABLEX?

- **Keep ENABLEX and all medicines out of the reach of children.**
- Store ENABLEX at room temperature, 59 to 86°F (15 to 30°C). Protect from light.
- Safely dispose of ENABLEX that is out of date or no longer needed.

General information about ENABLEX

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not give ENABLEX to other people, even if they have the same symptoms you have. It may harm them.

This leaflet summarizes the most important information about ENABLEX. If you would like more information, talk with your doctor. You can ask your pharmacist or doctor for information about ENABLEX that is written for health professionals. You can also call the product information department at 1-888-44-ENABLEX (1-888-443-6225) or visit the website at www.Enablex.com.

What are the ingredients in ENABLEX?

Active Ingredient: darifenacin

Inactive Ingredients: dibasic calcium phosphate anhydrous, hydroxypropyl methylcellulose (hypromellose), lactose monohydrate, magnesium stearate, titanium dioxide and triacetin. The 15-mg tablet also contains FD&C Yellow No. 6 Aluminum Lake.

Appearance

The 7.5-mg tablet is round and white-colored with "DF" on one side and "7.5" on the other side.

The 15-mg tablet is round and peach-colored with "DF" on one side and "15" on the other side.

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Hurry, voting ends on October 15th!

L'ORÉAL



The ideal media room includes an eye-level television set

Media Room Magic

A real theater in your own home is becoming an affordable reality—if you plan and shop smart

A comfortable media room is a great place to gather, whether you're watching *Shrek the Third* with the kids or throwing a big party on Super Bowl Sunday. Here's how to design and outfit the right media room for your needs.

Choose Furnishings: If the space also needs to serve as a family room, easy-to-move chairs and sectional sofas that can be rearranged for good viewing on movie nights are your best bets. Also, scatter side tables around the room for convenient places to put drinks or snacks. If you want a classic movie-theater experience and can set aside a room for this purpose, opt for theaterlike seats with trays and cup holders. The cheapest seats, costing $400 to $600 and available online and from warehouse clubs, will hold up to occasional use, says Ray Lepper, president of Home Media Stores, in Midlothian, Virginia. You'll pay $1,200 to $4,000 for a sturdier seat with a higher quality covering, available from furniture or home-theater stores, he adds.

You could even have a sloping platform constructed for tiered seating. Whichever kind of room you choose to set up, use blinds or lined curtains to block out daylight.

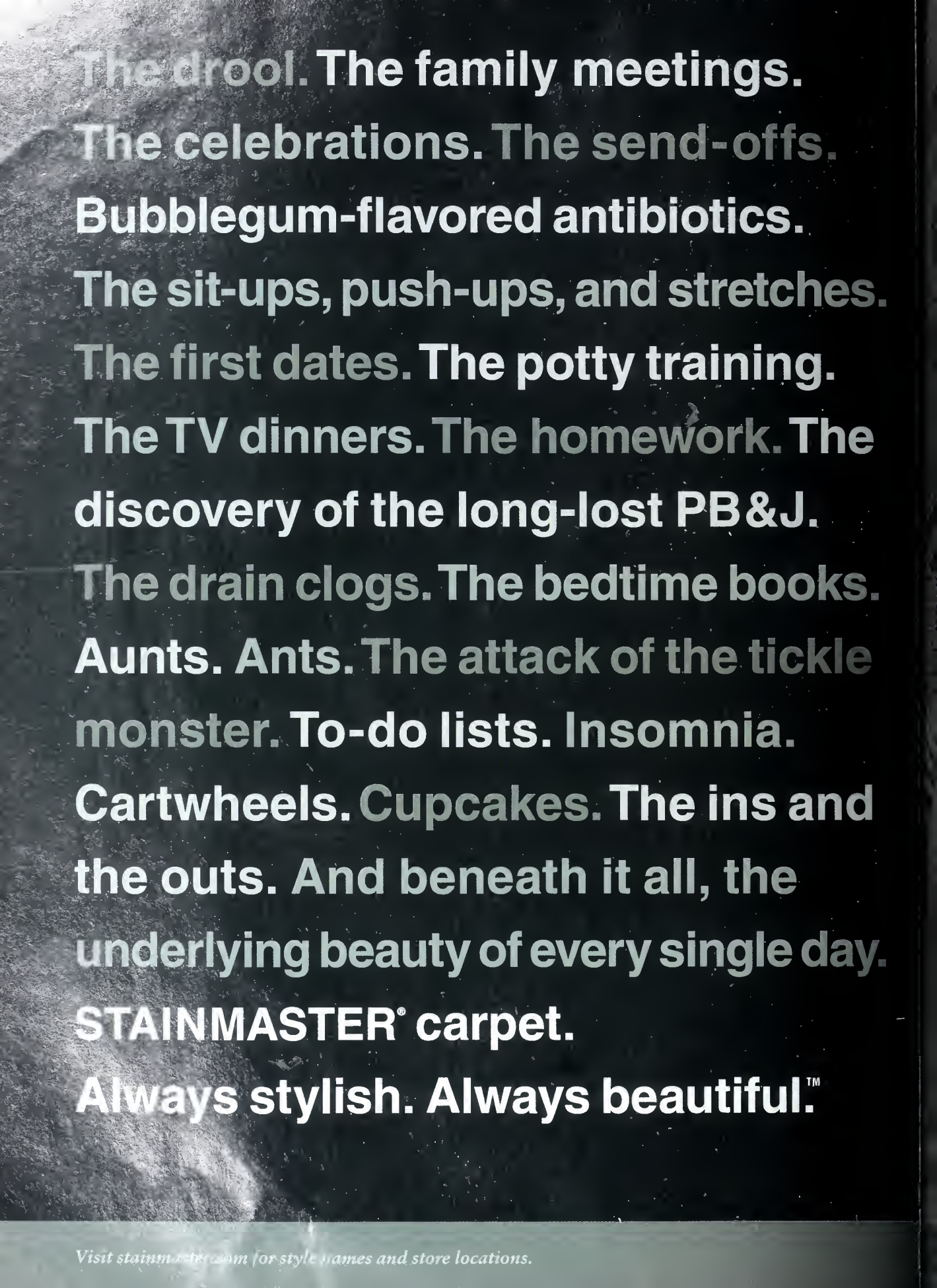
Pick a Spot for the TV: The center of the television screen should be at or just above eye level when viewers are seated, says Lepper. If the room has a fireplace, don't place a flat screen TV above it, as this can result in neck strain.

Distance from the screen is another issue. The space between the television and the first row of seating should be at least twice the diagonal measurement of the screen. For example, if you have a 42-inch television, the closest seats should be at least 84 inches, or seven feet, away. Then again, anyone more than six screen lengths away (in this example, 252 inches, or 21 feet) will have a hard time seeing the screen. Don't place seating too far to the side, either, or the image will appear distorted. The optimum viewing area is a pie-shaped wedge with its point in the screen's center and a 30-degree circumference.

By Renee Mulhall

Select the Right Set: Even if you can still find a heavy, bulky cathode-ray tube television for sale, don't consider buying one, advises Tom Crowell, television merchandising manager for Circuit City. Instead, look into up-to-date technologies. Here are the major types:

- *Plasma.* This type of TV uses pixels containing compounds called phosphors to produce warm colors and lifelike images. These sets are slim and can generally be mounted on a wall. One plus: Plasma sets handle the fast paced motion of sports programs well. The price tag is $1,200 to $2,000 for a 42 inch set.
- *Liquid Crystal Display (LCD).* Designed to be slim and wall-mountable, these TVs contain crystals that, when CONTINUED


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exposed to light, react to produce images. This process results in sharp, vibrant colors. On the downside, fast-moving figures may occasionally appear to have jagged edges. The cost is between $1,200 and $1,800 for a 42-inch set.

• *Projection.* These models offer rich colors and a picture that's at least as good as the one on a similarly priced LCD or plasma model. Relatively bulky rear-projection sets have self-contained projectors that enlarge images onto a screen; expect to pay between $1,200 and $2,000 for a 50-inch set. The newest microdisplay projection televisions are larger (up to 73 inches), lighter and slimmer than the rear-projection types. ("Micro" refers to the size of the semiconductors used to produce the image.) They'll set you back between $1,000 and $3,000.

Get the Best DVD: If you have high-definition television (HDTV), you need a DVD player that allows you to take advantage of the set's capacity for sharp images and excellent sound. The two most popular new formats are HDDVD and Blu-ray, according to Crowell. Another option, he says, is purchasing a DVD player with video up-conversion capabilities. These machines take standard DVDs and increase their resolution to better match your HDTV.

Add a DVR: Thanks to today's digital video recorders (DVRs), you don't have to watch television shows just at their scheduled times. DVRs—like the old time videocassette recorders (VCRs)—can be set to find and record shows automatically for later viewing. Even more fun, DVRs also let you control what you see. Since they record while you watch, you can hit pause, do an errand and pick up the program later on from where you left off. You can purchase a DVR or obtain a DVR service through your cable or satellite provider.



Clockwise from top left: TiVo for handy anytime viewing; high-definition DVD players; activity-based remote; all-in-one home theater system

Other services add more bells and whistles to your viewing. For example, both TiVo and ReplayTV let you download TV shows and movies to your computer. With TiVo Mobile, a service offered by Verizon Wireless, you can even schedule your TiVo to record remotely.

Maximize Your Sound: There's an option for every budget, from basic home-theater-in-a-box setups with price tags as low as $100 to professional-quality systems costing up to $4,000.

Set It Up: You can ask your retailer to set up your home theater or to recommend someone who can. If you decide to do the job yourself, don't simply put one speaker in each corner of the room, advises Lepper. Instead, place the two "front" speakers on either side of the screen, so the sound will seem to come directly from it. Then, he says, install the "surround" speakers around the room on the ceiling or upper walls.

For an uncluttered look, hide the wires behind furniture or moldings. If you are using a contractor, factor in the costs of installing brackets for wall-mounted televisions or, if you wish, running cables through the walls.

Finally, if you've purchased a high-definition television, make sure that you are receiving high-definition content from your cable or satellite provider and that the TV and cable box are connected by component-video or HDMI cables, which carry HDTV signals. Many people skip these steps, which means that though they've purchased a top-quality television and are paying extra for HDTV content, they aren't actually viewing it.

Take Control: New "activity-based" universal remotes from various manufacturers allow you to focus on the desired activity (you choose to watch a DVD or listen to a CD) rather than the technology (you turn on the DVD player or CD machine). The remotes, costing from $100 to $500, must be programmed through your computer, so you'll need the model numbers of your electronic devices to get set up.

—Additional writing and reporting by Kristen O'Gorman

Going digital - most advanced breast cancer detection

at Mills-Peninsula's Women's Center

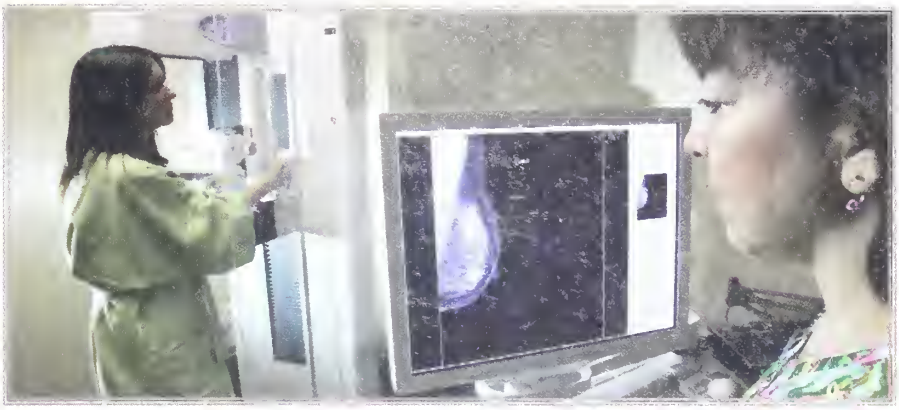
Northern California

Breast cancer is the most common form of cancer in women, affecting one in eight in this country. While there is no sure way to prevent it, early detection still is the best defense. Breast cancer is most curable when diagnosed and treated in the early stages, and the newest digital technology has further improved those odds.

"Finding breast cancer and beating it is my passion," says Harriet Borofsky, M.D., radiologist and director of Breast Imaging at Mills-Peninsula's Women's Center in San Mateo, California. "While there is no certain method of prevention, the outlook is very good for women who screen regularly and catch the disease in the early stages."

Focused on Early Detection

Under Dr. Borofsky's leadership, Mills-Peninsula's Women's Center was first in the region to offer full digital mammography. Unlike traditional mammography which takes an X-ray image on film of a woman's breasts, digital technology takes an electronic image faster and more clearly.



"We invested in this technology because we knew it is the way of the future," the radiologist said. "Digital imaging is the most effective way to screen for breast cancer, especially in women under age 50 and women with dense breast tissue." The investment paid off. More than 70 percent of cancers detected at Mills-Peninsula are at Stage 0 or Stage 1, the most curable.

"Digital technology displays superb high-contrast, high-resolution images," Dr. Borofsky says. "We've had several cases in which we have spotted cancer that we otherwise wouldn't have seen."

A Beautiful Setting for Good Health

Not only does the Women's Center provide the full range of breast cancer detection technology, including ultrasound, MRI and MRI -guided biopsy, it offers these services in a tranquil environment where women feel comfortable and safe. Enter to find a calming color palette, 15-foot waterfall and nature-inspired original art.

"It's immediately clear that here, women come first," Dr. Borofsky said.

A Commitment to Staying Cancer-free

While no infallible prevention methods are known, Mills-Peninsula offers tips for reducing your risk of developing breast cancer:

- **Maintain a low-fat diet**, including fruits, vegetables and whole grains.
- **Drink alcohol in moderation.** Regular use of even a small amount of alcohol may increase risk.
- **Exercise regularly.** Several studies have shown that regular, vigorous exercise can reduce breast cancer risk.
- **Know your family history.** A history of breast cancer or other cancers in a close relative may influence your own risk.

Mills Peninsula is part of Sutter Health, one of the largest not-for-profit health organizations in Northern California. For more information on the Women's Center, call 1-800-654-9966, or visit the website at www.mills-peninsula.org/women

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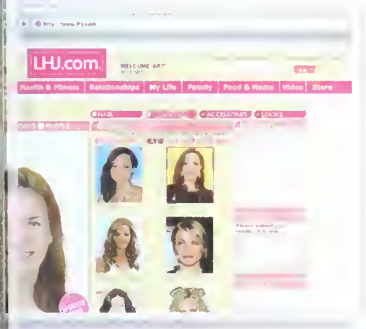
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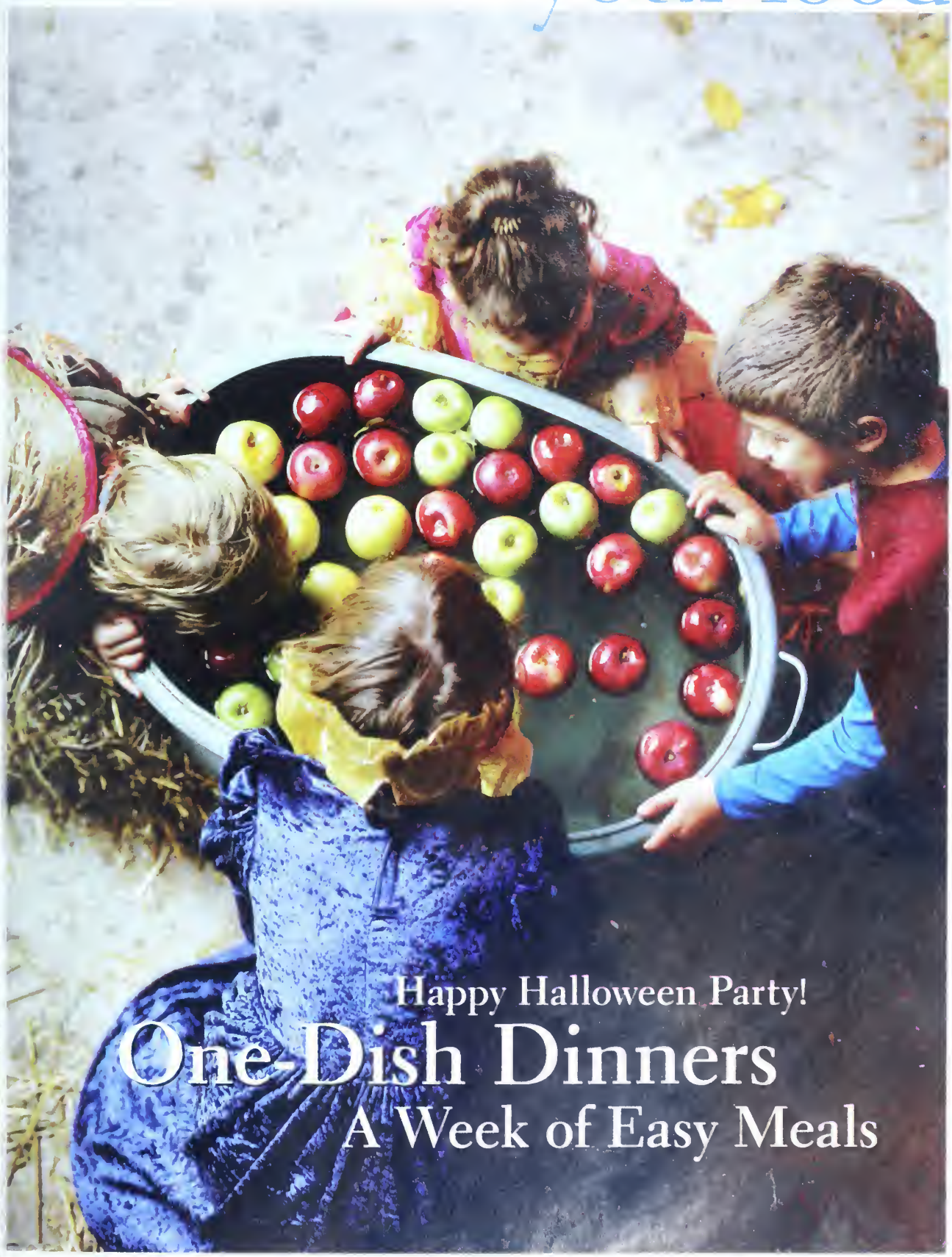
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Wedding Vegetable [illegible]

MAKES 10 PIES

Prep time: 30 min. **Total time:** 2 hrs

- 1 lb butternut squash, peeled and cut into ½-inch dice
- 2 small turnips (about 4 oz total), peeled and cut into ½-inch dice
- ½ lb parsnips, peeled and cut into ½-inch dice
- 2 tablespoons olive oil
- 1 teaspoon salt
- ½ teaspoon freshly ground pepper
- 1 medium onion, cut into ¼-inch dice (1 cup)
- 2 celery stalks, cut into ¼-inch dice (½ cup)
- 10 oz Brussels sprouts, trimmed and quartered
- 1 large or 2 small portobello mushroom caps (about 5 oz total), halved and cut into ¼-inch-thick slices
- 4 tablespoons unsalted butter
- 2½ tablespoons all-purpose flour, plus additional for dough
- 1 can (14 oz) low-sodium chicken broth

CONTINUED

PHOTOGRAPHED BY CHERYL ZIBISKY
RECIPES AND FOOD STYLING BY LORI POWELL



These "fiendly" dishes and colorful decorations appeal to adults, too

1½ tablespoons apple cider vinegar
2 teaspoons dried oregano
⅓ cup finely grated Parmigiano-Reggiano
2 prepared piecrust sheets (from 2 boxes, 15 oz *each*)
1 large egg, beaten

◆ Preheat oven to 400°F and arrange rack in center. Toss together squash, turnip, parsnip, 1 tablespoon oil, ½ teaspoon salt and ¼ teaspoon pepper in a medium bowl. Spread out evenly on a large baking sheet and roast until fork-tender, about 25 minutes.

◆ Meanwhile, heat remaining 1 tablespoon oil in a large deep skillet over moderately high heat until hot but not smoking. Add onion and celery; cook, stirring occasionally, until softened, about 5 minutes. Add ¼ teaspoon salt. Cook until translucent, about 5 minutes. Add Brussels sprouts, mushroom and butter. Sauté until butter has melted completely. Sprinkle in flour and stir until vegetables are coated; cook 1 minute. Add broth, vinegar, oregano, remaining ¼ teaspoon salt and ¼ teaspoon pepper; bring to a boil. Cook until thickened, 2 to 3 minutes. Remove from heat and stir in cheese. Add roasted vegetables and stir until completely coated with sauce. Let cool.

◆ Meanwhile, roll out 3 piecrust sheets, 1 at a time, on a lightly floured surface using a floured rolling pin, into 15-inch rounds. Using a 6½-inch round cutter, cut out 4 rounds from

CONTINUED

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Vampire Soup and Black Bat Toasts



Lady-Killer Pi...

each. Arrange rounds, in a single layer, on a cookie sheet and cover with a piece of parchment paper or damp cloth; set aside.

◆ Roll out remaining 2 piecrust sheets into 12-inch rounds. Using a 4½-inch round cutter, cut out 6 rounds from each. Using a small Halloween cookie cutter, cut out 1 shape in center of each round. Arrange rounds, in a single layer, on a cookie sheet and refrigerate 10 to 15 minutes.

◆ Meanwhile, preheat oven to 425°F and arrange rack in lower third. Place one 6½-inch round in each cup of 1 (12-cup) standard muffin pan and press gently to fit, pushing dough up sides to reach over top. Fill each cup with ½ cup vegetable mixture. Cover each with one 4½-inch round and pinch together dough around edges to seal. Lightly brush tops with egg.

◆ Bake until crust is golden and filling is bubbling, about 25 minutes. Transfer pies in pan to rack and cool 10 minutes before unmolding.

Per pie: 514 calories, 30 g total fat, 11 g sat fat, 886 mg sodium, 56 g carbs, 72 mg calcium, 20 mg chol, 5 g protein, 3 g fiber

Vampire Soup

MAKES 9 CUPS

Prep time: 15 min **Total time:** 45 min (not including time for toasts)

- 1 tablespoon olive oil, plus additional for pans
- 4 lbs red bell peppers, cored, halved lengthwise and seeded
- 2 medium onions, thinly sliced
- 4 garlic cloves, finely chopped
- 2½ cups hot chicken or vegetable broth
- 1½ cups half-and-half
- 3 tablespoons balsamic vinegar
- Black Bat Toasts (recipe follows)

◆ Preheat broiler and arrange rack 5 to 6 inches from heat. Lightly oil 2 shallow baking pans. Arrange bell pepper halves, in a single layer, in pans. Broil, turning occasionally, until edges are charred, about 8 minutes. Transfer to a blender.

◆ Heat oil in a large nonstick skillet over moderate heat. Add onion and garlic; cook, stirring occasionally, until softened, about 5 minutes. Transfer to blender, add broth and puree until smooth (use caution when blending hot liquids). Transfer mixture to a large saucepan; whisk in 2½ cups water and the half-and-half. Heat over moderate heat, whisking occasionally, until hot, about 5 minutes. Stir in vinegar; salt and pepper to taste.

◆ Ladle soup into mugs and serve with bat toasts.

Per cup without toast: 116 calories, 6 g total fat, 3 g sat fat, 264 mg sodium, 14 g carbs, 58 mg calcium, 14 mg chol, 3 g protein, 4 g fiber

CONTINUED



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Spiderweb Macaroni and Cheese



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Fill cups with candy for fun favors

Black Bat Toasts

MAKES 26 TOASTS

Prep time: 5 min **Total time:** 15 min

- 1 lb sliced pumpernickel bread, crusts trimmed off
- 2 tablespoons olive oil

◆ Preheat oven to 400°F and arrange rack in center. Arrange bread slices on a work surface and, using a 4 by 1½ inch bat-shaped cookie cutter, cut out 26 bats; lightly brush both sides with oil. Arrange, in a single layer, on a cookie sheet and bake, turning once, until golden and slightly crisp, about 7 minutes. Transfer to a wire rack and let cool. *(Toasts can be made ahead. Cool completely, then store in an airtight container at room temperature up to 3 days.)*

Per bat: 42 calories, 1 g total fat, 0 sat fat, 89 mg sodium, 6 g carbs, 9 mg calcium, 0 chol, 1 g protein, 1 g fiber

Lady-Killer Fingers

MAKES 20 FINGERS

Prep time: 15 min

Total time: 50 min

- 1 teaspoon red food coloring
- 20 whole blanched almonds
- Olive oil, for pan
- 2 tubes (11 oz *each*) breadstick dough
- 2 packages (7 oz *each*) frozen, fully cooked sausage links, thawed (20 sausages total)
- 1 large egg, beaten
- 1 cup purchased marinara sauce, heated

◆ Place dye in a small glass bowl. Wearing rubber or latex gloves and using a small pastry brush, lightly brush one side of each almond with food coloring; let dry.

◆ Preheat oven to 450°F and arrange rack in center. Lightly brush a large nonstick shallow baking

CONTINUED


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pan with oil.

◆ Working with 1 strip of dough at a time, stretch and wrap around 1 sausage link, sealing dough on one end and leaving the other end of sausage exposed; transfer to prepared pan. Repeat with remaining dough and sausage. Brush tops of dough with egg and place 1 almond, red side up, on covered end of each finger, for nail. Chill until dough is firm, about 15 minutes.

◆ Bake until puffed and golden brown, 12 to 15 minutes. Transfer fingers in pan to a rack and let cool 5 minutes. Using a metal spatula, transfer fingers to racks and let cool slightly. Arrange on a platter and serve with marinara sauce on the side for dipping.

Per finger: 387 calories, 21 g total fat, 5 g sat fat, 876 mg sodium, 33 g carbs, 41 mg calcium, 62 mg chol, 19 g protein, 2 g fiber

Spiderweb Macaroni and Cheese

SERVES 8

Prep time: 25 min **Total time:** 1 hr

- 6 tablespoons unsalted butter, cut up, plus additional for baking dishes
- 1 package (1 lb) dried tortiglioni pasta, or other corkscrew-shaped pasta
- 4 cups coarsely grated sharp yellow cheddar
- 3 cups coarsely grated fontina cheese
- 1½ cups half-and-half
- 1¼ sleeves Ritz crackers, coarsely crushed (about 2 cups)
- Sweet paprika, for spiderweb
- Mexican-style cheese dip, for spiderweb
- 4 plastic spiders

◆ Preheat oven to 350°F and arrange rack in center. Butter 2 (1-quart) shallow ceramic or glass baking dishes. Bring a large pot of water to a boil. Add pasta and cook until al dente, about 8 minutes. Drain in a colander and rinse under cold water until cool; drain well.

◆ Layer one-quarter of the pasta, one-quarter of each cheese, remaining pasta and cheeses in each dish. Evenly pour half-and-half over tops, sprinkle with crackers and dot with butter; season with salt and pepper.

◆ Cover with foil and bake 30 minutes. Remove foil and bake until tops are golden, 10 to 15 minutes more. Transfer to racks and cool 10 minutes.

◆ *To make spiderweb:* Stir enough paprika into cheese dip in a small bowl until it is a deep orange color. Place in a heavy-duty resealable plastic bag with one corner snipped off CONTINUED

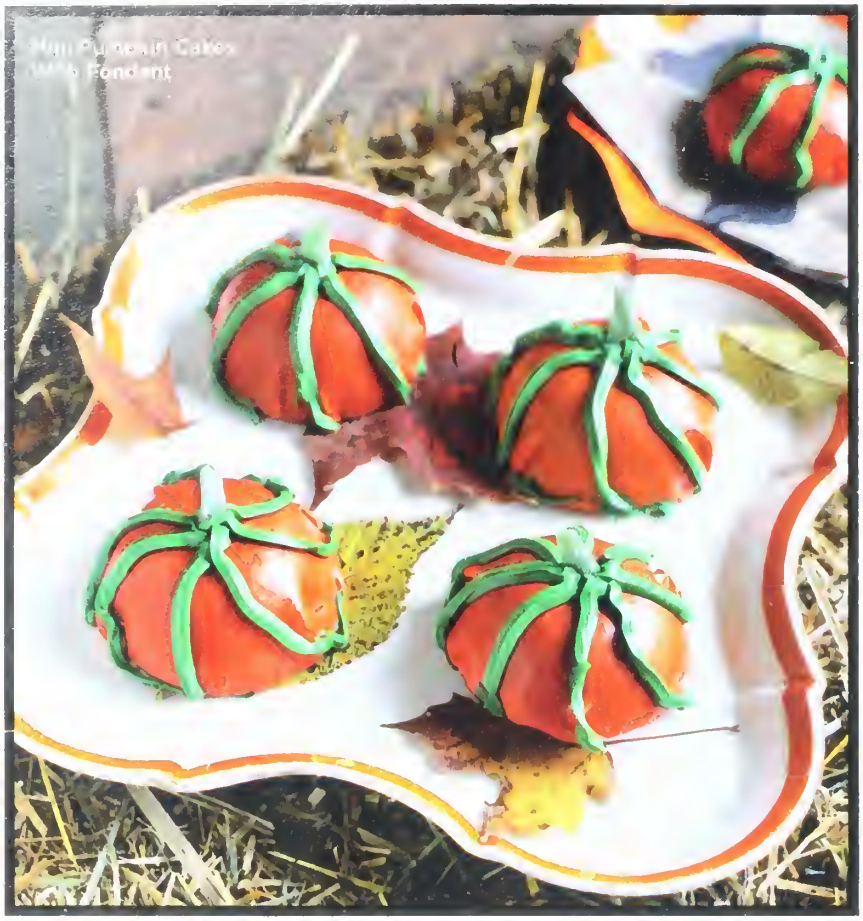
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to make a small hole and pipe a spider web design on top of the macaroni and cheese. Arrange spiders on webs.

Per serving without spiderweb: 801 calories, 49 g total fat, 30 g sat fat, 843 mg sodium, 55 g carbs, 713 mg calcium, 149 mg chol, 35 g protein, 3 g fiber

Mini Pumpkin Cakes With Fondant

MAKES 12 CAKES

Prep time: 30 min **Total time:** 2 hrs

- 14 tablespoons unsalted butter, softened, plus 12 tablespoons, melted, for pans
- 1¼ cups all-purpose flour
- 1½ teaspoons ground cinnamon
- 1½ teaspoons baking powder
- 1 teaspoon ground ginger
- ½ teaspoon salt
- ¼ teaspoon ground cloves
- ½ cup dark molasses
- ½ cup boiling water
- ½ teaspoon baking soda
- ½ cup firmly packed light brown sugar
- 1 large egg
- ¾ cup solid-pack pumpkin purée
- 3 blocks (4.5 oz *each*) orange fondant
- 1 can green ready-to-decorate icing
- 2 strands green sour string candy, cut into 12 (1-inch) pieces

◆ Preheat oven to 350°F and arrange rack in center. Generously coat 2 (6-cup) round-bottom (mini-ball) pans (see Where to Find It, page 213) with melted butter.

◆ Whisk together flour, cinnamon, baking powder, ginger, salt and cloves in a medium bowl; set aside. Combine molasses, water and baking soda in another bowl; set aside.

◆ Beat together softened butter and sugar in a mixing bowl on medium speed until light and fluffy, about 2 minutes. Beat in egg, then pumpkin puree until combined well. Alternately beat in flour mixture and molasses mixture, in 2 batches, scraping down sides of bowl with a rubber spatula, and beating until just combined. Evenly divide batter among cups in prepared pans.

◆ Bake until cakes spring back when lightly pressed, about 20 minutes. Transfer cakes in pans to rack and let stand until cool enough to handle, 10 to 15 minutes. Run a flexible knife or spatula around edges of each cake and invert onto rack; let cool completely. If cakes have a dome, trim off to sit flat. (*Can be made ahead. Store in an airtight container at room temperature up to 1 day.*)

◆ Roll out each fondant block into a 17-inch round, about ⅛ inch thick. Using a 5-inch round cutter, cut out 4 rounds from each. Place 1 round over each cake and smooth to mold, trimming excess from bottom edge. Using a plain tip, pipe the icing in a straight line from one end of each cake down the center to the opposite end, then pipe 3 lines down each side to make pumpkin ridges. Place 1 piece of string candy in the center of each cake to create a stem. (*Can be made ahead. Place decorated cakes in an airtight container and store at room temperature up to 10 hours.*)

Per cake: 328 calories, 6 g total fat, 3 g sat fat, 225 mg sodium, 68 g carbs, 89 mg calcium, 28 mg chol, 2 g protein, 1 g fiber

LHJ.com

For instructions on how to create a gorgeous gourd-and-pumpkin centerpiece that makes the most of the fall harvest, go to **www.lhj.com/gourd**

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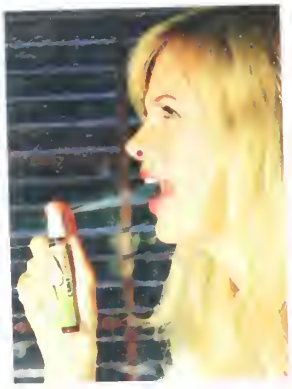


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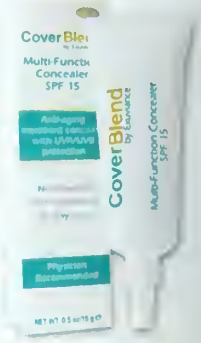
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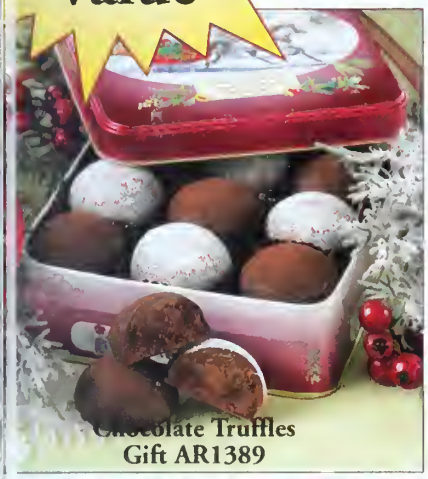
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Short Ribs With Cheesy Polenta



PHOTOGRAPHED BY STEVE GIRALT
RECIPES AND FOOD STYLING BY TARA BENCH

Short Ribs With Cheesy Polenta

MAKES 6 SERVINGS
Prep time: 40 min
Total time: 11 hrs 40 min

- 4 medium carrots, cut into 1-inch pieces
- 2 cups frozen pearl onions (from a 16-oz bag)
- 4 garlic cloves, minced
- 4 lbs bone-in beef short ribs
- 1 tablespoon vegetable oil
- 1 can (14.5 oz) diced tomatoes
- ¾ cup low-sodium beef broth
- ¼ cup dry red wine
- ¼ cup coarsely chopped fresh flat-leaf parsley, plus additional for garnish
- 2 tablespoons cornstarch
- 2 tablespoons tomato paste
- 1 bay leaf
- 1 cup quick-cooking polenta
- ½ teaspoon salt
- ½ cup finely shredded Parmigiano-Reggiano

◆ Combine carrot, onions and garlic in a 6-quart slow cooker.

◆ Rinse ribs and pat dry; season with salt and pepper. Heat oil in a large, wide pot over moderately high heat until hot but not smoking. Add ribs, in batches, and cook, turning, until browned on all sides, about 15 minutes. Transfer, as cooked, to slow cooker.

◆ Stir together tomatoes, broth, wine, parsley, cornstarch and tomato paste in a bowl; pour over ribs. Add

CONTINUED

bay leaf. Cover and cook, 9 to 11 hours on low or 1½ to 5½ hours on high. Skim off any fat from top (discard bay leaf).

◆ Combine 3¾ cups water, the polenta and salt in a large saucepan over moderately high heat. Bring to a boil, stirring constantly. Add cheese and cook, stirring constantly, until thickened, about 5 minutes.

◆ Serve ribs over polenta and garnish with parsley, if desired.

Per serving: 480 calories, 14.5 g total fat, 5.5 g sat fat, 696 mg sodium, 51 g carbs, 158 mg calcium, 75 mg chol, 32 g protein, 7 g fiber

Arroz Con Pollo (Chicken With Rice)

MAKES 6 SERVINGS

Prep time: 25 min

Total time: 6 hrs 10 min

- 6 small skinless bone-in chicken breast halves (about 4 lbs)
- 1 tablespoon dried oregano
- 1 tablespoon chili powder
- 2 teaspoons ground cumin
- ½ teaspoon salt
- ¼ teaspoon freshly ground pepper
- 1 tablespoon vegetable oil
- 1 can (14.5 oz) diced tomatoes
- 1 small onion, cut into 1-inch chunks
- 2 garlic cloves
- ½ chipotle chile (from canned chipotle in adobo sauce)
- 1 can (14 oz) low-sodium chicken broth
- 1½ cups instant rice
- 1½ cups frozen peas
- 1 pint cherry tomatoes
- ¼ cup coarsely chopped fresh cilantro
- Lime wedges, for serving

◆ Rinse chicken and pat dry. Combine oregano, chili powder, cumin, salt and pepper in a small bowl. Sprinkle half of spice mixture over chicken and rub in with fingers; set remaining aside.

◆ Heat oil in a large nonstick skillet over moderately high heat until hot but not smoking. Add chicken and cook, turning, until browned on all sides, about 8 minutes. Transfer to a 6-quart slow cooker.

◆ Place canned tomatoes, onion, garlic, chipotle and remaining spice mixture in a blender. Cover and blend until almost smooth; pour over chicken. Add broth.

◆ Cover and cook, 4 to 5 hours on low or 2 to 2½ hours on high. Gently stir in rice, cover and cook on high, stirring once, 30 minutes. Turn cooker off, stir in peas, cover and let stand 15 minutes.

◆ Cut cherry tomatoes in half and toss with cilantro; serve over chicken and rice with lime wedges on the side.

Per serving: 380 calories, 5 g total fat, 1 g sat fat, 650 mg sodium, 31 g carbs, 63 mg calcium, 110 mg chol, 49 g protein, 3 g fiber

CONTINUED



Arroz Con Pollo (Chicken With Rice)



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Brisket With Fruit and Red Wine Sauce

MAKES 6 SERVINGS

Prep time: 15 min

Total time: 10 hrs 15 min

- 1 (2½ lbs) beef brisket
- ½ cup dried pitted plums
- ½ cup dried apricot halves
- ½ cup dried tart red cherries
- 1 garlic clove, coarsely chopped
- 1 cup low-sodium chicken broth
- ½ cup dry red wine
- 1 tablespoon fresh thyme leaves, plus sprigs for garnish
- ½ teaspoon ground cinnamon
- ½ teaspoon salt
- ¼ teaspoon freshly ground pepper
- 2 tablespoons all-purpose flour

◆ Rinse brisket and pat dry. Place in a 5- to 6-quart slow cooker. Top with plums, apricots, cherries and garlic.

◆ Stir together broth, wine, thyme, cinnamon, salt and pepper in a small bowl. Whisk in flour until smooth. Pour over fruit mixture in cooker. Cover and cook 9 to 10 hours on low.

◆ Thinly slice beef against CONTINUED

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SLOW-COOKER GIVEAWAY

Make delicious, hot meals for your family in the handy new 3-in-1 Slow Cooker from Hamilton Beach that we feature above. *Ladies' Home Journal* is giving away five of these machines. For entry details, please turn to page 213.



Brisket With Fruit and Red Wine Sauce



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the grain and serve with fruit sauce. Garnish with thyme sprigs, if desired.

Per serving: 540 calories, 15 g total fat, 6 g sat fat, 394 mg sodium, 31 g carbs, 54 mg calcium, 151 mg chol, 63 g protein, 3 g fiber

Honey-Rosemary Chicken With Yukon Gold Potatoes

MAKES 6 SERVINGS
Prep time: 20 min
Total time: 8 hrs 20 min

- 12 skinless bone-in chicken thighs (about 5 lbs)
- 1 tablespoon vegetable oil
- 1 pound baby Yukon Gold potatoes
- 2 medium onions, cut into thin wedges
- 4 garlic cloves, minced
- ¼ cup honey
- 2 tablespoons fresh lemon juice
- 2 tablespoons cornstarch
- 1 tablespoon coarsely chopped fresh rosemary, plus sprigs for garnish
- 1 teaspoon salt
- ¼ teaspoon freshly ground pepper

◆ Rinse chicken and pat dry. Heat oil in a large nonstick skillet over moderately high heat. CONTINUED

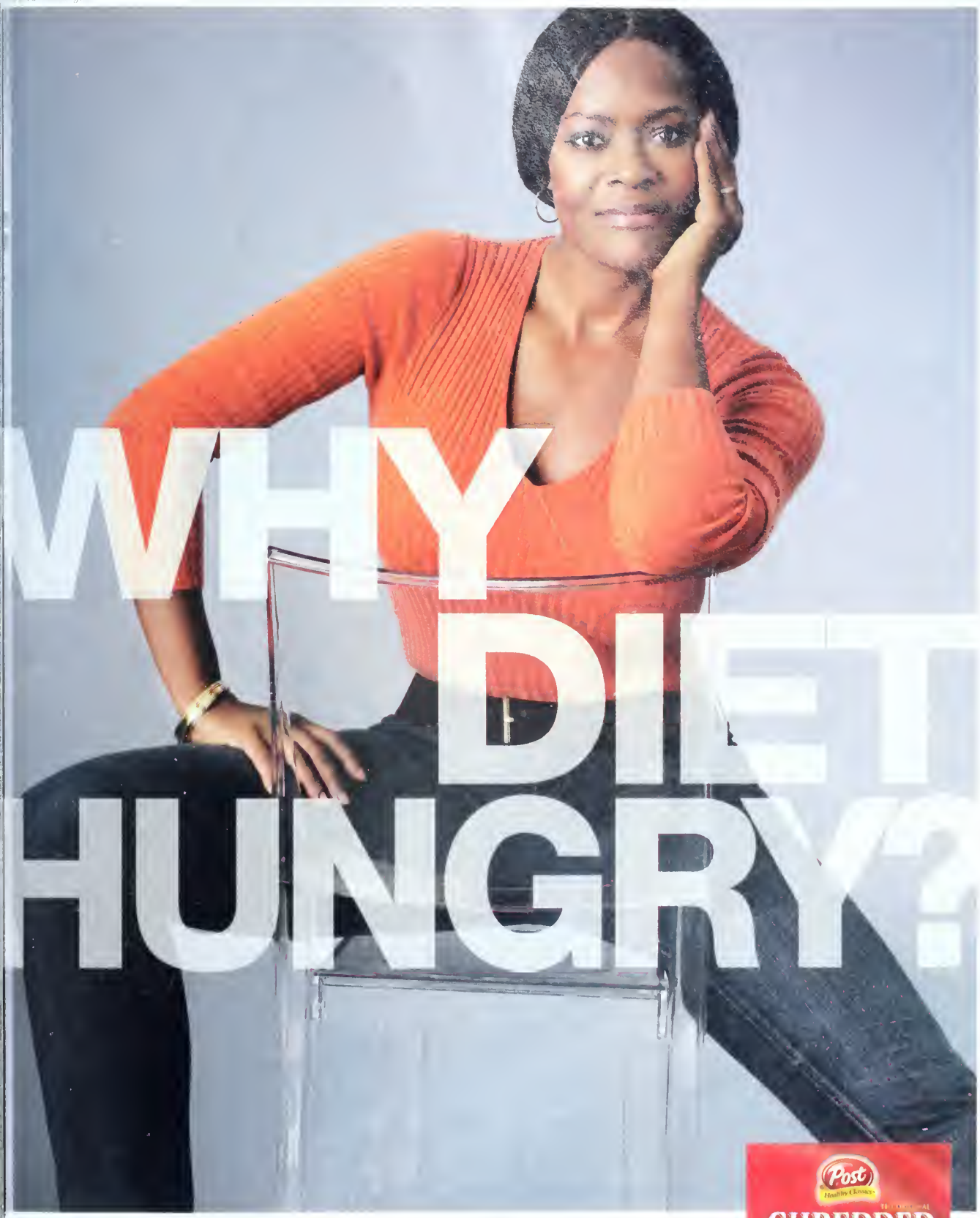


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Add chicken and cook, turning, until browned on all sides, about 8 minutes.

◆ Place the potatoes, onion and garlic in a 4- to 6-quart slow cooker; top with chicken.

◆ Stir together honey, juice, cornstarch, rosemary, salt and pepper in a small bowl. Pour over chicken. Cover and cook, 6 to 8 hours on low or 3 to 4 hours on high. Serve garnished with rosemary sprigs, if desired.

Per serving: 490 calories, 13.5 g total fat, 3 g sat fat, 445 mg sodium, 33 g carbs, 55 mg calcium, 235 mg chol, 57 g protein, 3 g fiber

Pulled Pork With Cider-Baked Beans

MAKES 6 SERVINGS

Prep time: 30 min

Total time: 13 hrs 30 min

- 8 oz dry navy or great northern beans, picked over
- 7½ cups cold water
- 1 cup chopped onion
- 2 bacon slices, chopped
- 3 lbs boneless pork shoulder, fat trimmed
- 1 cup apple cider
- ⅓ cup unsulphured molasses
- ¼ cup firmly packed dark brown sugar

CONTINUED



Pulled Pork With Cider-Baked Beans



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1 teaspoon dry mustard
1 bay leaf
½ cup drained canned chopped tomatoes
¼ teaspoon salt

- Combine beans and 6 cups water in a large pot. Bring to a boil, cover and remove from heat. Let stand 1 hour (or soak beans in cold water overnight). Drain and rinse.
- Combine onion and bacon in a large nonstick skillet over moderate heat; cook until onion is tender and bacon is crisp, 6 to 8 minutes. Drain fat.
- Combine onion-bacon mixture and beans in a 4- to 5-quart slow cooker. Place pork over bean mixture. Stir together cider, 1½ cups water, the molasses, sugar, mustard and bay leaf in a medium bowl until combined well; pour over pork.
- Cover and cook 12 to 13 hours on low or 6 to 7 hours on high. Add tomatoes 30 minutes before end of cooking time.
- Transfer pork to a cutting board and, using 2 forks, shred. Strain juice from beans into a large bowl (discard bay leaf). Skim fat from juices; pour 1 cup juices over pork and toss to coat. Pour just enough juice back into beans until soupy, 2 to 3 cups (discard remaining juices), then stir in salt.

Per serving: 585 calories, 21 g total fat, 7 g sat fat, 315 mg sodium, 48 g carbs, 122 mg calcium, 146 mg chol, 49 g protein, 6 g fiber

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"Stem Cell" Creams...

The Future of Skin Rejuvenation?

These über-sophisticated skin rejuvenating potions are making yesterday's wrinkle creams obsolete!

By Tiffany Strobel Beauty Editor, MyFreeDiet.com



Before you go crazy about the term "Stem Cells," here's something you need to know: These new (and very expensive) topical creams are not about putting embryonic stem cells in a jar and slathering them all over your face. Instead, the stem-cell technology used in these creams focuses on cutting-edge polypeptides and enzymes to "awaken" the body's own reservoir of stem cells to rejuvenate the skin and make you look younger... a lot younger!

Fact: your skin is the largest repository of stem cells in the human body. Don't believe it? Check out the National Institute of Health's official database on stem-cell research at *stemcells.nih.gov/info/scireport*. That's why virtually every major cosmetic manufacturer is rushing to tap into this new stem-cell technology.

Here's what Dr. Richard Wells, Ph.D., told me: "Cosmetic chemists around the globe are burning the midnight oil for one simple reason: As we age, stem-cell utilization for skin repair is less efficient. However, what's most exciting to scientists is the potential that nature has given us to access these endogenous stem-cell reservoirs for skin rejuvenation. In so doing, the practical use of stem-cell technology can provide the consumer with a topical, anti-aging cosmetic formula that simply makes everyone look years younger... quite a remarkable achievement, if you ask me."

What does this mean in plain English? Stem cells are hot... really, really hot. Imagine new, fresh, "perfect" skin cells, undamaged by age, sun or pollution.

Right now there are two, perhaps three winners in the race to incorporate this new stem-cell technology. The first is Amatokin® Emulsion For The Face from Voss Laboratories.™ After its incredible European launch (which caused a near riot at Sephora's flagship Champs-Élysées boutique in Paris), Amatokin has finally arrived on U.S. shores and is getting all the buzz in the "celebrity" mags. The second, and the most expensive, is Peau Magnifique from RéVive.® But the biggest winner of all could be StriVectin®-HS Hydro-Thermal Deep Wrinkle Serum™ from Klein-Becker, a product we already use, love and trust. So how has StriVectin-HS gained a worldwide reputation as the best deep wrinkle serum on the market?

"Paralyzing injections are so last year... especially when stem-cell creams can give you natural-looking skin rejuvenation"

Dr. Richard Wells, Ph.D. Research Scientist

ell, it's rumored this heat-activated erum contains the super-secret matokin ingredient (polypeptide 53). This could explain why we love riVectin®-HS so much.

So which one is the inner? Frankly, it's a tough oice... I love them all. (Although, would give a slight edge to matokin® Emulsion For The Face, ecause it's easier to apply.) hichever one you choose, these eakthrough topical "Stem Cell" tions are no ordinary skin creams... ey really transform the way your in looks and feels.

I don't know about you rls, but I'm ready for something w, and these breakthrough "Stem ell" creams are it. See you at the smetic counter.

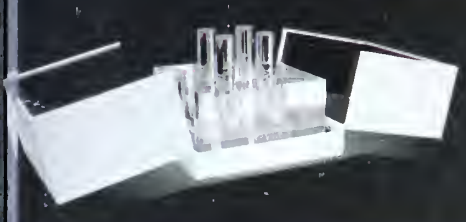
AMATOKIN® Emulsion For The Face



Right now, Amatokin is the hottest skin cream in the world. More than simply reducing the appearance of wrinkles, Amatokin actually rejuvenates the skin, making it look absolutely radiant. In fact, when Amatokin premiered at Sephora's flagship store on the famed Champs-Élysées (under large banners proclaiming "Stem Cells... The Promise of Skin Rejuvenation"), Parisian women lined up to get their hands on what was said to be the most profound skin-care breakthrough in more than three decades.

Amatokin has quite a history. Developed in Russia at the "super-secret" Research and Production Center for Medical Biotechnology (a high-security medical lab located 62 miles north of St. Petersburg, surrounded by razor wire and machine-gun-toting armed guards... no kidding), the Amatokin peptide (known in official circles as polypeptide #153) was developed as part of ongoing research to help burn victims (interestingly, today's most important "anti-aging" compounds are derived from burn-related research).

Does it work? Well, if the original Amatokin 153-amino-acid-polypeptide can help burn victims with serious scarring and devastated skin, imagine what Amatokin can do for deep creases and an aging complexion. **Cost:** $190 for 30 ml (approx. one-month supply). Available at Bloomingdale's, Sephora stores worldwide, Nordstrom and Macy's, or directly from Voss Labs at **Amatokin.com** or by calling **1-800-919-8058**.



RéVive® Peau Magnifique Youth Recruit

The company claims that Peau Magnifique "recruits youth and resets your skin's 'aging clock' by a minimum of five years" by utilizing enzymes, so they say, to convert resting, adult stem cells to newly minted skin cells. RéVive also credits "burn research" as the origin of its Peau Magnifique product. **Cost:** $250 per month. But can you believe it? You have to buy a full 6-month cycle for $1,500! At Neiman Marcus, Barney's and Bergdorf Goodman.

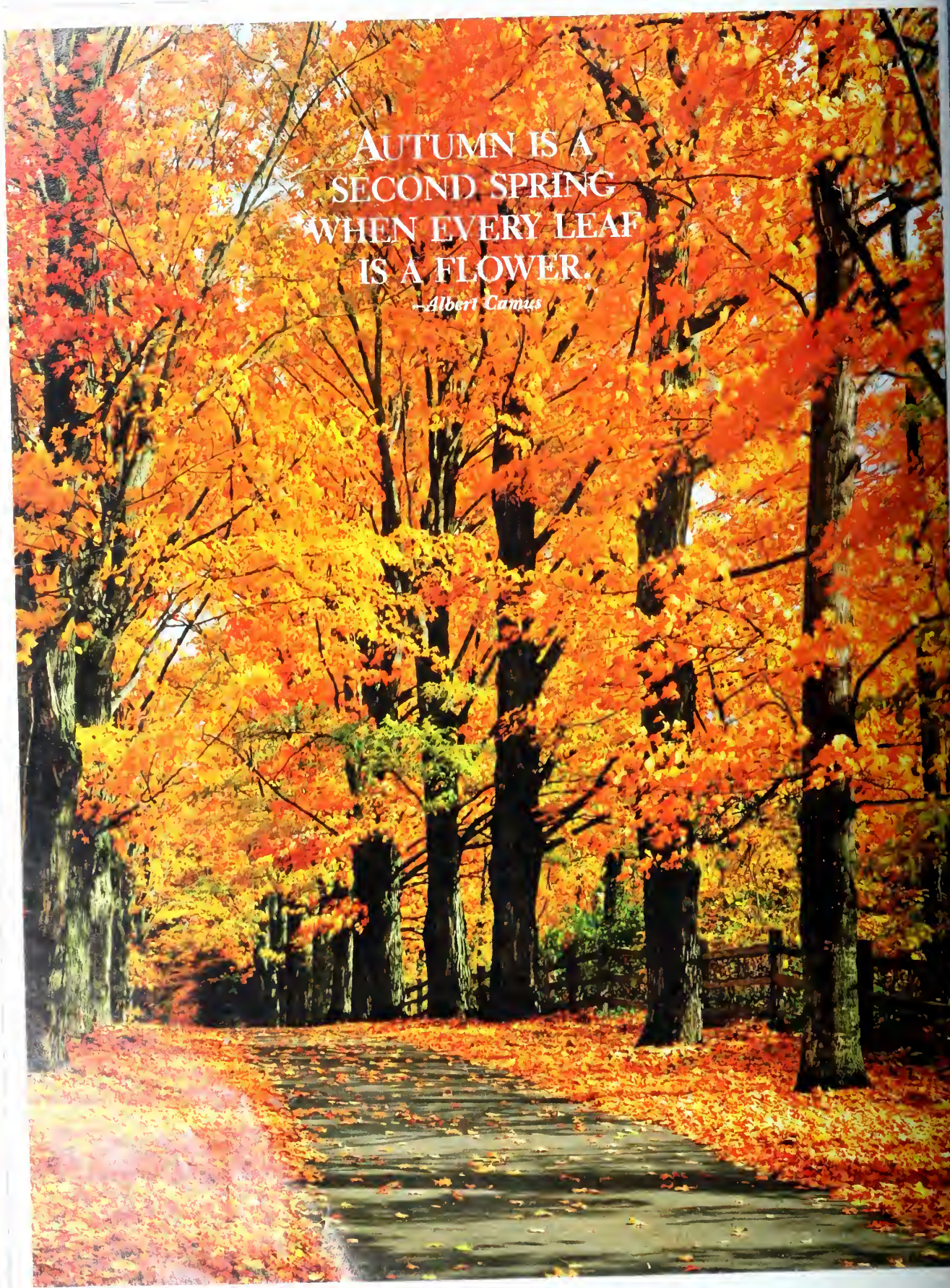
STRIVECTIN®-HS Hydro-Thermal Deep Wrinkle Serum™

The big question is this: Does StriVectin-HS Hydro-Thermal Deep Wrinkle Serum actually contain the Amatokin polypeptide?

StriVectin-HS has gained a worldwide reputation as the best deep-wrinkle serum on the market. Why is it so effective? Well, it's rumored this heat-activated serum contains the super-secret Amatokin ingredient (polypeptide #153). This could explain why women love StriVectin-HS so much. When asked about the Amatokin rumor, Klein-Becker spokesperson, Gina Gay, responded, "Because of contractual obligations, I am not permitted to say anything about the Amatokin peptide." If you ask me, I think they've got it. **Cost:** $153 for a one-month supply. Available at Bloomingdale's, Saks Fifth Avenue, Sephora stores worldwide and Macy's, or directly from Klein-Becker at **StriVectin.com** or by calling **1-800-377-2904**.



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Below: Our second annual Health Breakthrough awardees gathered in August. Top row from left: Dr. Minesh Mehta, Dr. T. Rock Mackie, Dr. Mark Smith, LHJ Publisher Julie Pinkwater, Dr. Ethel Siris, Dr. Craig Feied, Dr. Constance Lehman, LHJ Publishing Director Jeannine Shao Collins, me. Seated: Deborah Norville, Dr. Barbara Goff, Dr. Anthony Atala, Dr. Marianne J. Legato, LHJ Health Director Julia Kagan.



Winners of our second annual Health Breakthrough Awards gathered in New York City to be honored by us in August. (You can read the full details about these doctors' remarkable contributions in our September 2007 issue.) I was struck by how humble, sincere and personable each one of them was—and they could be forgiven some airs, considering that they are each saving and improving the lives of generations of Americans! The doctors were also delighted to meet one another, something that the siloed world of medicine does not always allow for. There were even murmurings among them about possibly working on research projects together in the future, taking advantage of their complementary disciplines. For *Ladies' Home Journal* and our mission of health advocacy, *that* would be a wonderful breakthrough!

Rosalie and John Atkinson celebrated 60 years of marriage by joining me at our Celebrate Your Love event in the Bahamas last year. For their love story and others', see pages 84 to 90.



Deborah Norville, the two-time Emmy-winning host of *Inside Edition*, was my cohost at the awards lunch, and she brought tremendous verve and spirit to the proceedings. I was very grateful to have her with us and, in fact, *Thank You Power* is the name of her new book (in stores now). See page 12 for a Q&A with Norville and the bottom of this page for a chance to win one of 50 free copies of her book.

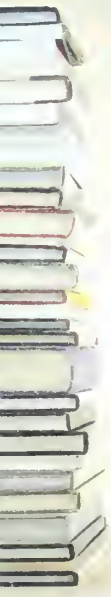


You'll find critically important health coverage in this issue, as always, but especially during November—American Diabetes Month—don't miss our lifesaving report starting on page 170.

Diane Salvatore

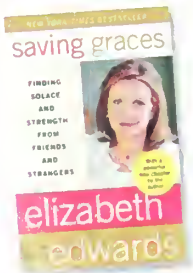
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The Elizabeth Edwards Story Continues...

The paperback edition of Elizabeth Edwards's best-selling memoir, *Saving Graces: Finding Solace and Strength From Friends and Strangers*, is in bookstores now. It includes a new postscript in which the wife of presidential candidate John Edwards opens up about what life has been like for her and her family after she discovered that her breast cancer had spread to her bones. You can find an excerpt from this profoundly moving chapter starting on page 14. Plus, 50 readers can win the book by following the directions below.

Official Rules at *www.lhj.com/freebooks*. No purchase necessary to enter or win. To enter, send a postcard with your name, address, e-mail address (optional) and daytime phone number to *Ladies' Home Journal Thank You Power* Book Giveaway OR *Ladies' Home Journal Saving Graces* Book Giveaway, 375 Lexington Avenue, 9th Floor, New York, NY 10017. One postcard must be sent separately for each book giveaway you wish to enter. The *Thank You Power* and *Saving Graces* Book Giveaways begin October 9, 2007, and end November 13, 2007. Entries must be postmarked on or before November 13, 2007, and received by November 20, 2007. Open to legal residents of the 50 United States, and the District of Columbia, 21 years or older. One entry per household per sweepstakes. Void where prohibited. Sponsor: Meredith Corporation.

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The Power of Daydreams

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Count Your Blessings



WIN Norville's book—see details on page 8.

THE GIFT OF GRATITUDE

It's easy to remember to give thanks this time of year, but it's worth your while to count your blessings every day. In her new book, *Thank You Power*, Deborah Norville, anchor of *Inside Edition*, explores how being grateful for the little things can change your life in a big way.

Ladies' Home Journal: What sparked your interest in the power of gratitude?

Deborah Norville: In my own life I started to notice that when I was more positive and grateful, good things would happen to me. But I wondered if my mind was playing a game with me—the same way my little boy is sure that wearing his lucky jersey helps him score. So I started reading through scientific journals and talking to researchers and discovered that there was real science behind what my intuition was picking up.

LHJ: What did the experts find?

DN: Studies show that people who express gratitude are happier, which can cause them to think better. When we're happy, the chemical dopamine is released in the part of the brain that stimulates logic and reason. Researchers also found that people who focus on what they're thankful for are more resilient. It's as if gratitude acts like a shield against stress.

LHJ: What's the one thing each of us can do to gain the benefits of counting our blessings?

DN: At the end of the day do a "gratitude check." Jot down three things that happened for which you are grateful in a little notebook. Doing this forces you to focus on what went right that day and puts your mind on something positive just before you go to sleep. *—Kimberly Papa*

Getting Cozy With a New Crowd

The members of the book club you just joined are swooning over *The Memory Keeper's Daughter*, which you loathed. Best advice, if you want to make friends? Hold your tongue. A recent study shows that opposition to a new group member is a common defense mechanism among regulars who see the newbie as an outsider, no matter how well considered her opinion. Even if one person in the group thinks the novel is as dreadful as you do, keep your thoughts to yourself. "There is a strong sense of 'It's okay if *we* say it, but you can't,'" says study coauthor Matthew Hornsey, Ph.D., a social psychologist at the University of Queensland, in Australia. Until group members get to know and trust you better, the most welcome contribution you can make to gatherings is a platter of cookies. *—Nicole McGovern*





Name Your Problem

If you call your closest girlfriend to vent about your husband's diehard devotion to golf, you know it's a relief to express your feelings. Now researchers have discovered why. According to a recent study from UCLA, attaching words to a feeling reduces activity in the part of the brain that controls our biological response to emotions, such as increased heart rate when we're angry. "Expressing your feelings in words short-circuits the body's reaction by preventing stress hormones from being released," says lead author Matthew D. Lieberman, an associate professor of psychology there. So share your woes with a friend, but make sure you aren't obsessing. "Spending too much time focusing on something is not good because it evokes the experience all over again," says Dr. Lieberman. *—Jennifer Castoro*


Enchanting
THE NEW FRAGRANCE FROM CELINE DION



The Grace To Carry On

Last March Elizabeth Edwards got the news that every cancer patient dreads—her breast cancer had spread to her bones and was considered incurable. Here, she opens up about the love that saves her

By Elizabeth Edwards

It was Valentine's Day, and John and I were sitting across from each other in a Los Angeles restaurant, not cuddling in the way of new lovers, but looking at each other's faces in the way of long time comfortable lovers. The conversation was easy; even the pauses were full—of history and love.

For that dinner I had flown across the country to be with him in California, where he was campaigning, and he had made me awfully glad I had. We'd talked and laughed, and I suppose we must have eaten, too. He'd reached across the table to take my hand and kiss my fingertips in the gentle way he has always had. It seemed to us that even in this Los Angeles restaurant on a busy night, we were all alone, and just as in love as on our first Valentine's Day, in 1975.

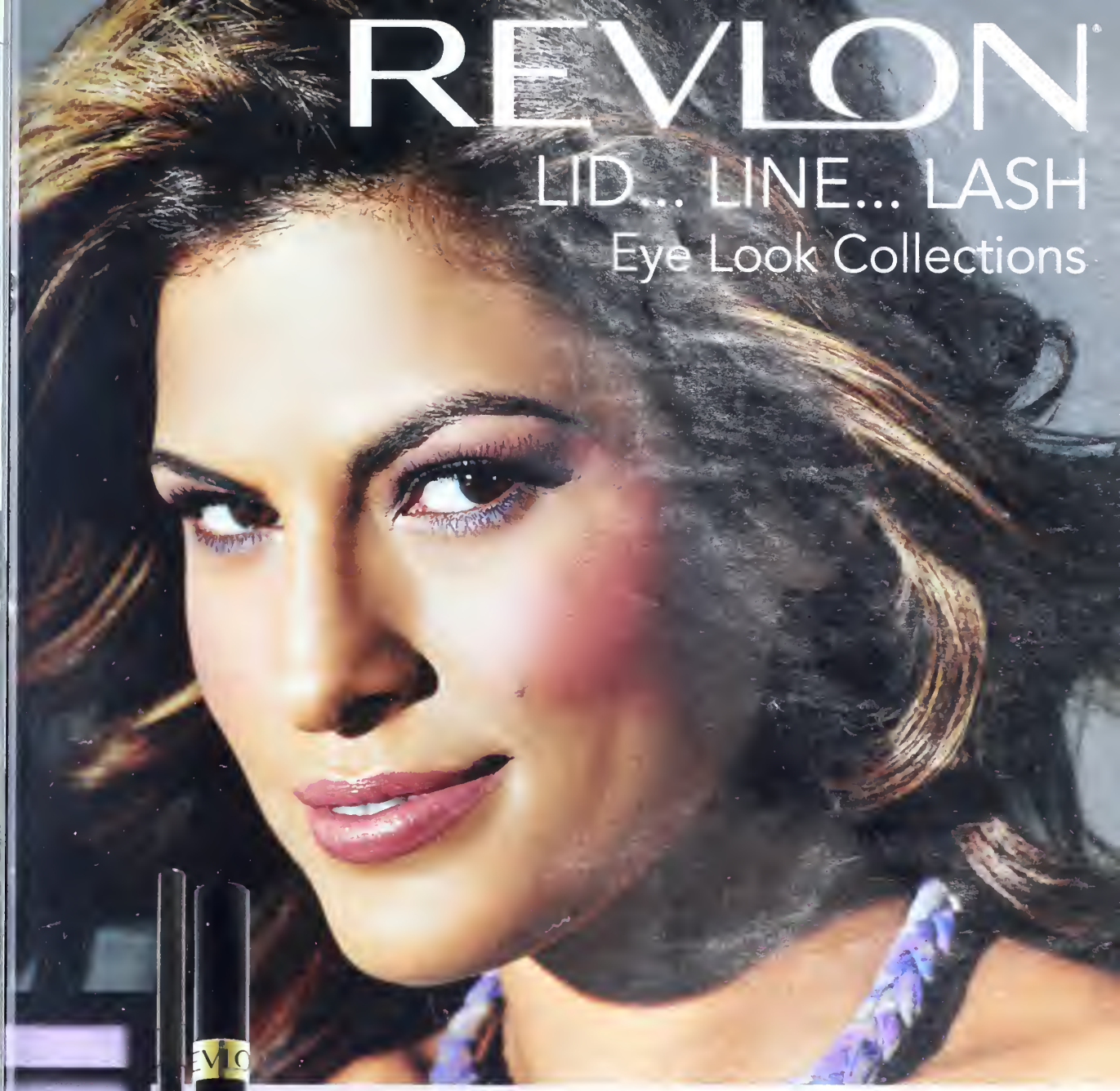
I thought back to that night as he and I sat, just over a month later, in a small holding room at UNC hospital in Chapel Hill. My biopsy results had shown precisely what our radiologist had said they would: that the breast cancer that I'd discovered in 2004 and been treated for throughout the following year was now in my bones.

The biopsy was followed by a CT scan, which looked at my soft tissue and organs to see where else the cancer had surfaced. What was the likelihood, John and I each wondered silently—because neither of us could say it aloud—that it had reappeared CONTINUED

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in more than one place in my bones but nowhere in my organs? While we waited for my oncologist, Lisa Carey, to come over from her morning clinic to tell us what she'd found, we simply held on to each other. It was impossible to look right at John and impossible not to try to soak in every bit of his face, his eyes, his hairline—untamable like our son Wade's. He stroked my face, in love and in fear. For a few minutes it was just John and me.

But we were not really alone, of course, any more than we had been in that L.A. restaurant. Over the years the circle that had



Edwards with her son Jack, 7, on the campaign bus in Iowa

When I've needed strength, God lent me John, and it is John who will fight for the things we care about

been just the two of us had expanded, again and again, to let in the good hearted people who wanted to wish us well, wanted to share a piece of themselves with us—the nurses at the hospital, our campaign staff, even the strangers who'd approached us that night in the restaurant to say hello and to ask about my health and to tell me they'd been praying for me. (I hadn't known I was lying when I'd said I was fine.)

We spend our lives weaving a tapestry of sorts. The largest ribbons of color are our family and closest friends. But a tapestry made up of just these people has gaps. The other people we weave into our lives—some only as thin threads—are what give our life its texture and its strength. They fill the gaps in the most amazing ways. Their colors reflect on the ribbons and on us. Weaving them into our tapestry creates for each of us a magnificent, dense and interesting life.

And when life takes a wrong turn, that tapestry becomes a blanket that we can wrap around us or a safety net into which we can fall. As I have so many times.

Lisa is beautiful, like the movie version of an oncologist, and she is measured and precise. She sat before us and spoke slowly and carefully. "We have been through all the scans. There were some small spots in your lung, as there are on most people's. They could be cancer, but in truth they could be a lot of other things. If I had seen them without your bone scans, I would have told you to come back in six months." *That is good,* I thought, *careful Lisa is not alarmed.* But I was still waiting for the guillotine to drop, waiting for the list of places in my body that were not capable of being swept under the rug. She paused, and our breathing stopped. The pause went on too long. John and I gripped each other's hands. This was where Lisa would say that the scan had lit up with recurrences like a Christmas tree.

Instead she said, "That's it." That was all there was. In a world that is far too relative, this was perhaps the most relative moment of all: The cancer had metastasized, but not as badly as we had feared. An immediate death sentence had been lifted. We knew the devil we faced, and, though there was no doubt that the devil held the better hand in the long run, we had not yet lost to it. We were nearly jubilant.

Cancer as a gift is something that I read about, as my cancer community—and we are all connected—struggles to see a silver lining. The gift is an appreciation of our own mortality and therefore an increased appreciation of the days we have. We would CONTINUED

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trade it all for the peace of good health, but I can watch my husband comb our 7-year-old son Jack's hair, and I can listen to our 9-year-old, Emma Claire, sing a birthday card she received first to the tune of "O, Christmas Tree" and then in rap, and I can see my elder daughter Cate's number come up on the telephone and feel a little explosion of happiness inside me. Maybe I would have felt the same way before, but I think I feel these small joys more keenly now.

In April, about a month after we found out that my cancer had spread, John gave a speech at the South Carolina Democratic Convention, an annual meeting of the state's Democrats. Afterward he and I had to go our separate ways for a week. We walked out from the crowds and the cameras together, and I turned and said, "This is where we split." He wrapped me in his arms, we kissed and we each put our hands on our hearts. We have always done that: it just hasn't always meant as much to me as it does now. *How much of my remaining life is that week?* I thought.

I have been criticized for saying of Wade's death that the wind that swept his car from the road back in 1996 was a metaphor for the hand of God. Now, I don't think God literally reached out His hand and struck Wade. But I know He did not stop the wind from blowing or the car from flipping or the boy from dying. And I know that He will not stop me, or any of us, from dying. He will, however, if we ask Him, give us strength to face whatever is before us. I have asked for that, and He has sent me you, all the friends and strangers, all the people who have sent magnificent letters and e-mails, all the supporters in rope lines and airports and grocery stores who smile when they see me, or cry when they see me, but who always hug me.

And He lent me John. I believe that when I have needed strength, God lent me John. When I needed understanding, God lent me John. When I was imperfect and needed to be loved nonetheless, God lent me John. And when I do die, it is John who will keep fighting for all the things we have cared about so deeply. Will he decide to throw out the carefully marked boxes that go with the Hallmark ornaments? Probably. Will he decide that there are too many markers in the drawer in the project room? Surely. Will he decide we have too many books? I hope not. But more importantly, will he stop fighting for equality and opportunity and respect for each of us? That would break my heart. Will he stop caring about the single mothers he saw at the self-help center in Madison or the children trying to go to school squatting on mats in a dusty market square in Delhi? He can't. It is one of the reasons we cannot stop now, while I live; it would give him permission to stop when I die.

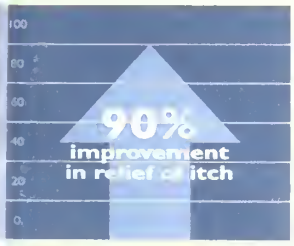
I keep waiting for the way this story ends. There is no real end, I suppose, for like each of us, I start each day with the hope that it will be good and full, and I end each day with a prayer for another day like the one I just had.

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Will the Real You Please Rise?

Are you secretly harboring a fantasy self who's more passionate or playful, forceful or funny, demanding or daring than you actually are? Let your daydreams help pave the way to greater happiness

Deborah Henley is a 56-year-old geriatrics nurse in Avondale, Arizona, who thrills to the sound of applause. The applause emanates not from her grateful patients but from the appreciative audience of her imagination: a Broadway theater crowd giving her a standing ovation. "I can hear them clap and feel their admiration of my singing and dancing," she says. Henley doesn't actually sing or dance and has never set foot onstage. The last time she saw a Broadway musical was as a teenage Girl Scout on an outing from Philadelphia. In her fantasies, though, she's a star.

Twelve years married, with children, Henley has no plans to run away to 42nd Street or even to try out for a local production. Fact is, she loves her quiet life. "I've been a nurse my whole career, and I get a lot of satisfaction from my job."

Like Henley, many of us indulge in reveries involving alternate versions of ourselves, whether they are fleeting visions or elaborate scenarios. Henley, whose daydreams tend toward the latter, imag-



ies entire original productions in which he is the star, "replete with colorful ostumes and specific songs and story nes," she says. "I do it when I'm at work r gardening, and sometimes at night vhen I'm in bed."

It's clear that such imaginings can be a ealthy way to enrich our lives, says New 'ork City psychotherapist Sheenah Hanin, Ph.D., author of *Complete Confidence*. As vith the pretend play of childhood, our onjured selves allow us to try on inviting ersonalities or enjoy the excitement of daring acts and adventures. They're also a imple way to break out of our routines and hange our mood. "My fantasy is a source of private pleasure," Henley says, "as well is a stress reliever."

Maybe at work you're a predictable people pleaser, but in your head you rehash many a meeting, wishing you had taken a passionate stance instead. Or maybe you're a social sweetie pie, secretly harboring a wish to be steely and coldhearted, icily dispatching rude clerks with withering one-liners. After all, a fantasy self isn't necessarily a model citizen. She's simply a piece of yourself you've suppressed, either out of fear, neglect or practicality.

By Lesley Dormen

A friend of mine whose workaday persona tends more toward the well-tailored suit and conservative pumps reveals her secret self in brief glimpses. "I have these crazy polka dot flats with patent leather bows that I bought on impulse and wear only occasionally," she says. When she does, those whimsical polka dots represent the fashionista she "coulda woulda shoulda been" peeking through. "I wish I had the courage to indulge my eccentric fashion taste more often," she admits.

Although a fantasy self can remain a playful glimmer in your peripheral vision, it can also assert itself and force a metamorphosis in your life. Rhonda Foote, 44, from Croghan, New York, has always had a vision of the person she aspired to be. "In my early 20s I aspired to be a bohemian poet, a free spirit with glamorous friends and no real ties or worries," she says. In her 30s Foote married, became a dance instructor and even established a dance company of her own. She became a poet after her daughter, now 10, was diagnosed with congenital scoliosis. Writing poetry became her 2 A.M. release from the stress of seeing her daughter through multiple surgeries.

But Foote's fantasy self, far from staying stuck in some time warp, also has evolved with life's twists and turns. In her 20s Rhonda pictured herself blissfully married to a hero on a white horse who had whisked her off her CONTINUED

feet. Now, having come through a divorce, she's in a loving relationship that's closer to her current idyllic vision: a sharing, equal partnership. And while her dance company is thriving, it's not exactly as Foote originally imagined it—cutting-edge, elite, competitive. Instead, it's innovative in its outreach efforts. "We do all kinds of benefits for the community," she says. Foote believes that as fantasies change you, you change them. "The closer I become to the person I imagine myself to be, the happier I feel."

By recognizing a fantasy, you can help open a door to greater happiness. As researchers who study happiness are discovering, factors such as income, marital status, religion and education contribute less to an individual's personal satisfaction than one might think. Often it is experience that fulfills us. By shifting our conception of how to find personal happiness away from fixing what's wrong with each of us and toward developing what is right, we create the possibility for fulfillment.

A happy life includes the pursuit of a talent, active engagement with family and friends and participation in groups and social life. In one study Jonathan Haidt, Ph.D., an associate professor of psychology at the University of Virginia, asked research participants how they felt when they saw evidence of "humanity's better nature." His subjects recounted seeing people helping someone poor, sick or stranded. They responded with things like, "My spirit was lifted" and "I wanted to be more like her."

Our fantasy selves can embody the qualities we truly aspire to in our hearts, if not always in our deeds, such as compassion and goodwill. "I was going down a staircase recently when I noticed an older woman with a big bag and a cane," says my friend. "In my head I could see this mini movie of myself smiling at the woman and helping her down those stairs, but I did nothing. I remember feeling self conscious, intrusive and cautious," she admits. "But at that moment I wished I were the kind of person who would stop and help a stranger, and I vowed that I wouldn't let such an easy opportunity to help slip away like that again."

It's amazing, when you think about it, that these little dress rehearsals of alternate personas pop into our heads at all, burbling up through the clutter of everyday business to grab our attention. By acknowledging these glimpses, whatever their source, we enable our fantasy self to guide us toward healthy transformation.

No one's saying that change comes easily. After all, life gives us limited time and resources to create just one self, let alone to allow for the development of other selves we might become. Nature is responsible for a chunk of who we become, passing down Dad's sunny disposition or Mom's shrewd caution. But luck and timing exert huge influences on the shape of a life.

"The ability to take a risk and make a change is a key to maturity," says Dr. Hankin. If your fantasy self mingles with strangers in total charm and ease while your real self is more timid, take a small social risk every day and coax her out of hiding. "Talk to one person you don't know and you'll find that most respond positively," Dr. Hankin says. Socializing will become easier and you'll boost your own happiness quotient.

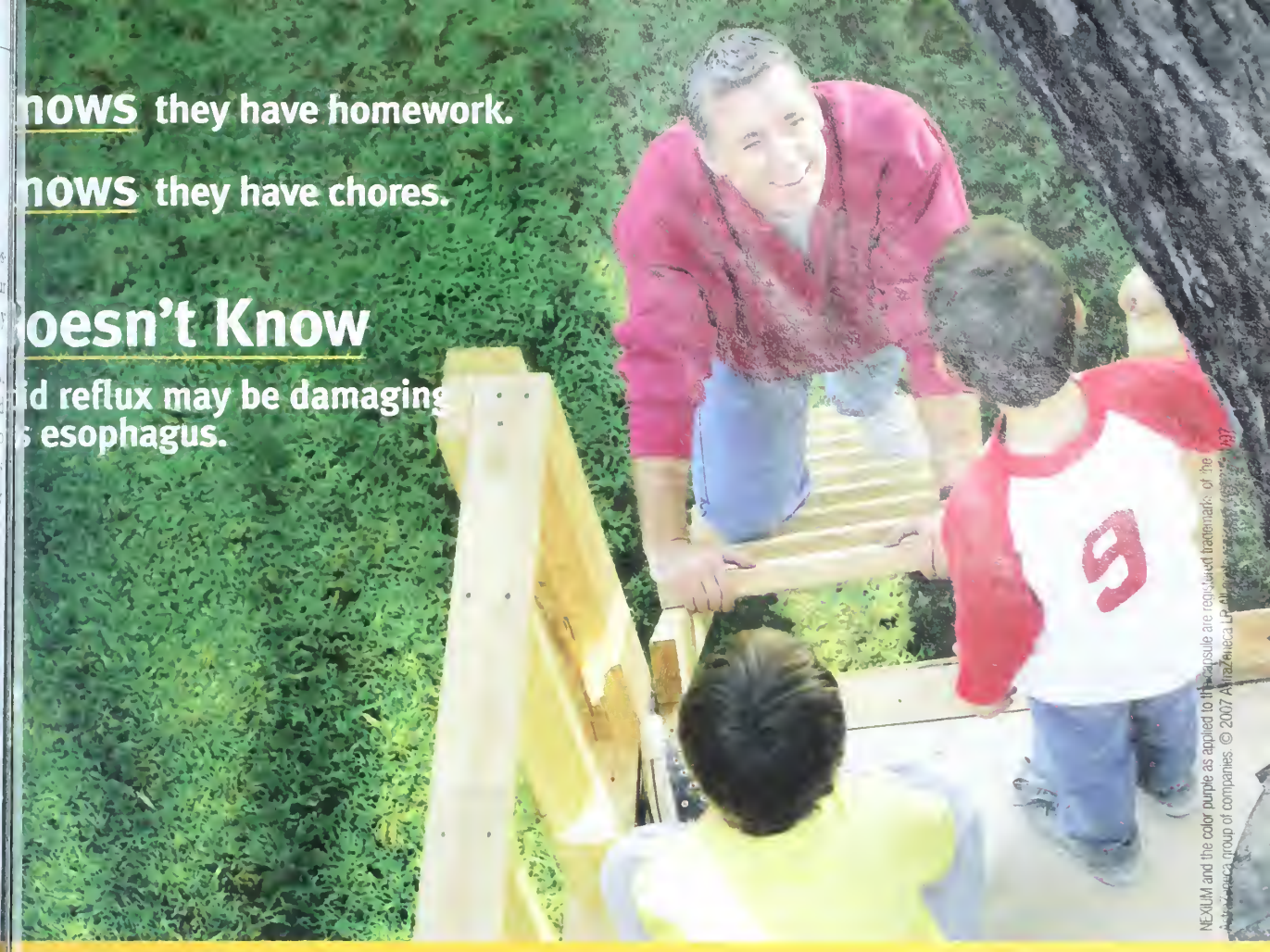
The happiest individuals, in fact, are the ones who come closest to living their positive fantasies. But even getting to know just what those desires are takes persistence: You must practice the art of listening closely to yourself without judgment. "Every aspect of yourself has something to contribute if you describe it freshly and without censure," explains Ann Weiser Cornell, author of *The Power of Focusing*.

As for myself, I like the idea that there are unhatched selves inside me, biding their time, waiting for the moment when I am ready to help them sprout into being. This is not to say that every day in every way I want to be a better person. There are some fantasy me's, I suspect, who would prefer to be a little scandalous. For the time being, I'm simply copying what my yoga instructor does in class each time I attempt to master a perfect tree pose: paying attention deeply, trying to get the hang of what I'm doing, and wobbling as I stretch toward change.

Share Your Dishy Dreams



Want to share the juicy details of your fantasy-self daydream? Or is there something else on your mind that you just must tell others? Let out your most-pressing thoughts and feelings on our Inner Life message board at WWW.LHJ.COM/SHARE



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For adults, NEXIUM is prescribed for the treatment of GERD symptoms. NEXIUM may also be prescribed to heal acid-related damage to the lining of the esophagus (known as erosive esophagitis), and to maintain this healing. Studies with NEXIUM did not go beyond 6 months.

For adolescents 12 to 17, NEXIUM is approved for the short-term treatment (up to 8 weeks) of GERD.

NEXIUM is available in two dosage strengths (20 mg and 40 mg). Only your doctor can prescribe the dose that's right for you.

HOW DOES NEXIUM WORK?

The lining of your stomach has millions of special cells. They make acid through "acid pumps." This acid is produced to help digest the food you eat. Sometimes the acid backs up into your esophagus, causing you to feel a burning sensation of heartburn. Over time, acid can wear away or erode the lining of the esophagus. This condition, called erosive esophagitis (or EE), is a more serious effect of acid reflux disease, and only a doctor can determine if you have this damage.

NEXIUM can turn off some of these acid pumps. This reduces the chance of heartburn and other acid reflux disease symptoms. For many people, one NEXIUM pill a day can relieve heartburn symptoms for 24 hours.

For patients with EE, NEXIUM heals most erosions in the esophagus within 4 to 8 weeks. Your results may vary.

WHO SHOULD NOT TAKE NEXIUM?

You should not take NEXIUM if you:

- have ever had an allergic reaction to the active ingredient, esomeprazole magnesium trihydrate
- have ever had an allergic reaction to any of the following inactive ingredients in NEXIUM (including the capsule shells): glyceryl monostearate 40-55, hydroxypropyl cellulose, hypromellose, magnesium stearate, methacrylic acid copolymer type C, polysorbate 80, sugar spheres, talc, triethyl citrate, gelatin, FD&C Blue #1, FD&C Red #40, D&C Red #28, titanium dioxide, shellac, ethyl alcohol, isopropyl alcohol, n-butyl alcohol, propylene glycol, sodium hydroxide, polyvinyl pyrrolidone, and D&C Yellow #10.
- are allergic to any PPI medication
- are younger than 12 years of age
- are pregnant, think you may be pregnant, or are planning to become pregnant
- are breast-feeding

HOW SHOULD I TAKE NEXIUM?

NEXIUM should be taken only when prescribed by a doctor. Follow his or her instructions about when and how to take NEXIUM. If you are unsure or have questions, ask your doctor.

One NEXIUM pill should be taken once per day, or as prescribed by your doctor. Take it at least 1 hour before a meal. Swallow the pill whole. If you have a hard time swallowing the pill, you can empty it into a tablespoon of applesauce. Be sure to eat it right away. Never chew or crush it. Never store it for later use.

WHAT SHOULD I TELL MY DOCTOR BEFORE TAKING NEXIUM?

Before taking your medication, tell your doctor if you:

- are taking any other medication, including any over-the-counter (OTC) medication
- have suffered any allergic reaction to any medication
- have or have had severe liver damage
- are pregnant, think you may be pregnant, or are planning to become pregnant
- are breast-feeding
- are taking a blood thinner (such as Coumadin® or warfarin)
- are taking a drug to treat or prevent fungal infections (such as ketoconazole)
- are taking a drug for HIV treatment called atazanavir

WHAT ARE THE POSSIBLE SIDE EFFECTS OF NEXIUM?

In adults, side effects with NEXIUM may include headache, diarrhea, and abdominal pain.

In adolescents 12-17, side effects with NEXIUM may include headache, diarrhea, abdominal pain, and nausea.

NEXIUM may cause other side effects besides those listed here. If you have any side effects or symptoms that you are concerned about, talk with your doctor.

Symptom relief with NEXIUM does not mean other serious stomach conditions do not exist.

HOW SHOULD I STORE NEXIUM?

NEXIUM should be stored at room temperature (25°C, 77°F). Keep your pills in the bottle they came in. Keep the pills away from children. If your doctor tells you to stop treatment, throw out the pills. Do not take your pills after the date of expiration on the bottle has passed.

WHERE CAN I GET MORE INFORMATION ABOUT NEXIUM?

Talk to your doctor about NEXIUM. You can obtain full prescribing information and other details by visiting **www.purplepill.com** or calling 1-800-236-9933.

GENERAL ADVICE

It is important to take NEXIUM as prescribed and to discuss any changes you experience while taking NEXIUM with your doctor. You should only use NEXIUM for a condition for which it has been prescribed. Do not give NEXIUM to other people, even if they have the same medical condition you have. Keep NEXIUM and all medicines out of the reach of children.

NOTE: This summary provides important information about NEXIUM. For more information, please ask your health care professional or doctor about the full prescribing information and discuss it with him or her.

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Visit **www.purplepill.com**. Or, call the Information Center at AstraZeneca toll-free at **1-800-236-9933.**

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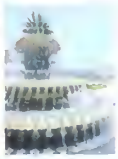
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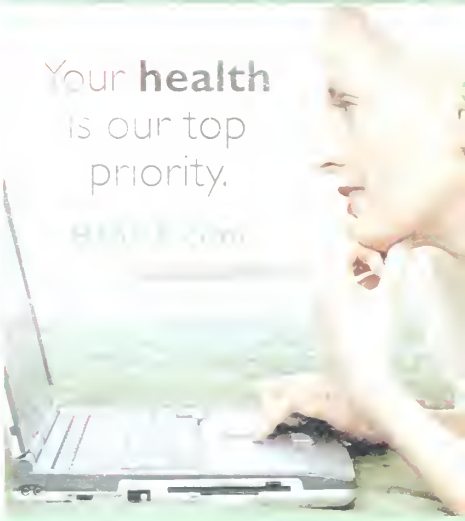
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Take Charge!

Healt



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Overnight Beauty

Heal Your Hair

Sleep Like a Baby

PATRICIA'S PICK YOUNGER-LOOKING HANDS



Beauty Director
Patricia Reynoso

I like smooth hands just as much as the next woman but I've always found hand cream to be dull and uninspiring. My, how things have changed! These days they're as jam-packed with antiaging ingredients as the finest face creams, making me jump to attention. My new favorite is RoC's Retinol Correxion Hand Repair with SPF 15, $14.99. Not only is the teeny packaging purse-friendly, but this hand cream also features two ingredients proven to help keep skin looking young: SPF and retinol, a derivative of vitamin A that firms your skin and diminishes the look of spots. Sign me up!



ENTER OUR FAMILY STYLE MAKEOVER

Check out our fourth annual Family Style Makeover winners on pages 45 to 53. Next year could be *your* chance to win!

Send us a 200-word essay explaining why your family needs a makeover and how *Ladies' Home Journal* can help you with fashion and beauty tips. We also need a recent snapshot of your family (no more than six members). Then fill out the entry form below. All entry materials must be original and unpublished and may not have already won any prize or award.

UPDATE FROM 2004 FAMILY:
"The best part of the experience is that I found the old me who loves to shop and dress up. Now I take better care of *me*!" says Alexandra Cernkovic, of Tarpon Springs, Florida.

UPDATE FROM 2005 FAMILY:
Beth Ferreira, of Springfield, Vermont, says, "The makeover was a very special family memory for us. And getting all the packages of clothes in the mail felt like Christmastime!"

UPDATE FROM 2006 FAMILY:
"I loved the photo shoot . . . very fun to 'model.' I use all the great makeup and fashion advice when I teach during the school year," says Kerry Johnson, of Park Rapids, Minnesota.

Mail to: *Ladies' Home Journal* Family Style Makeover Contest, 375 Lexington Avenue, 9th Floor, New York, NY 10017

Name: _____

Address: _____

_____

Daytime telephone: _____ **Age:** _____

E-mail address: _____

Occupation: _____

If married, husband's name, age, occupation: _____

_____

If children, names and ages: _____

_____

_____



2004

2005



2006



Mail e... rm to *Ladies' Home Journal* Family Style Makeover Contest, Attn.: Beauty Dept., 375 Lexington Avenue, 9th Floor, New York, NY ...07 or er... com/familystyle. Contest begins 9/11/07 and ends 12/11/07. Online entries must be received by 11:59 p.m. E.T. on 12/11/07. Mail entr... 11/07 and received by 12/18/07. Person submitting entry must be legal U.S. resident, 21 years or older. Void where prohibited. No pu... win. One entry per family. Sponsor: Meredith Corporation, Des Moines, Iowa. For official rules, go to *www.lhj.com/familystyle*.

LHJ.com **Check out previous Family Style Makeover winners at www.lhj.com/familystyle**



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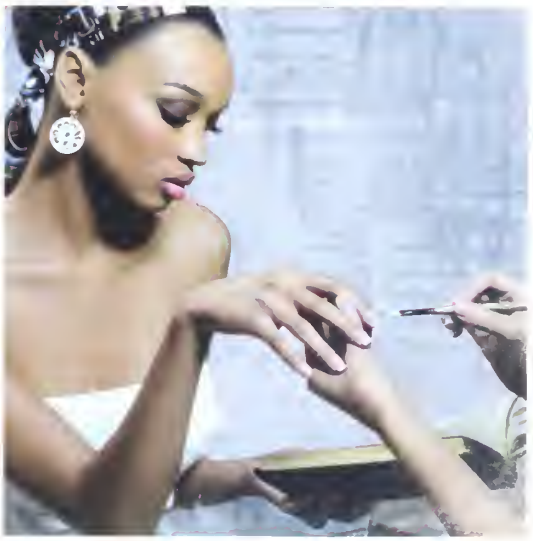
YOUR NAILS ONLY BETTER

AXXIUM GEL SYSTEM

You can finally have the nails you want. If you love the look of natural nails but don't love the way yours look, I've got a great beauty tip for you. Now there's a new generation of gels – so natural only you and your nail professional will know you're wearing them. Strong, beautiful, all-the-length natural nails can be difficult to grow and maintain. You use your hands for so many things every day, including working on the computer, crafting, and digging in your purse, that nails often suffer.

Available only at professional salons, Axxium acts as an invisible layer of protection for your nails, keeping them strong so that they can grow without breaking. Plus, Axxium gives your nails incredible shine.

And my favorite part is that you won't even know you're wearing gels! Axxium gels are virtually weightless, and the finish is so sheer and natural that your [illegible]



Available only at professional salons. Axxium is a system created by OPI.

AXXIUM gels may be worn on their own for a [illegible] look. Or, layer with OPI's **HOLIDAY IN HOLLYWOOD NAIL LACQUERS** for extra holiday dazzle!



FROM LEFT TO RIGHT
GLAMOUR REDS
No Autographs, Please. Call My Manager. [illegible] Pretty at the Premiere. Wine Me & Dine Me
DAZZLING DARKS & NEUTRALS
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OPI **Holiday in Hollywood** Nail Lacquer [illegible] including Trade Secret, ULTA, BeautyFirst, Pure Beauty and Beauty Brands. **Contains no DBP, Toluene, formaldehyde**

O·P·I

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SUZI
WEISS-FISCHMANN
THE FIRST LADY OF NAILS

Log onto **suzisbeautyblog.com** for all the latest from Suzi on beauty, fashion, travel, wellness, and more!

What makes Axxium perfect for your nails?

What does Axxium do?
AXXIUM is the perfect way to protect and strengthen your own nails to help them grow longer. If you want longer nails instantly, ask your salon professional to use Axxium with nail tips to create extensions.

How long do Axxium gels last?
You can wear AXXIUM for 2 to 3 weeks before returning to the salon for simple maintenance. That means you can go from Christmas through New Year's with fabulous nails.

I always wear nail color; can I still use Axxium?
Nail Lacquer applications actually last longer on AXXIUM gels than on your own nails, so you don't need to worry about a chipped manicure.

Is Axxium the same as strong-smelling acrylics?
No. AXXIUM gels are odor-free, making for a relaxing salon experience.



Baby Your Lips

Dive into these lipsticks that feature a colorless core of conditioning agents right in their centers. Of course, the colors are gorgeous, too! We like:

- *Revlon Renewist Lipcolor* (below, right), $8.99, with a ProCollagen center, boosts moisture and helps to enhance lip fullness.
- *Tarte Inside-Out Vitamin-Infused Lipstick* (far left), $22, boasts lychee extract for maximum lip hydration and grape-seed extract and vitamin C for protection against free radicals.

Colors That Nail It!

Nail-color trends come and go but the old favorites will always look good. Try these updates:



If You Love Red: Essie Nail Polish in Alligator Purse, $8; interesting yellow undertones make it a chic choice for everyday wear.



If You're Craving Brown: Shades by Barielle Nail Polish in Coco Bar, $8, a rich, creamy brown that's a bold neutral.



If Darks Do It for You: OPI Nail Lacquer in Boris & Natasha, $7.50, a plummy, raisin hue that's ideal for fancier occasions.

THE MAGIC TOUCH

When it's cold outside, moisturizer is as essential as a winter coat. Without it, your skin's outer layer can become uncomfortably dehydrated, even chapped. Now, with so many luxurious body-moisturizer textures to choose from, you'll feel good in your skin all winter long.



1 2 3

TEXTURE	BODY TREAT	PRICE
Serum	*Keri Renewal Serum for Dry Skin* (**1**) exfoliates patchy areas with lactobionic acid and helps the skin hold on to moisture with urea, a powerful humectant.	$15.99
Gel	*Vaseline Cocoa Butter Vitalizing Gel Body Oil* (**2**) is lightweight but potent; its Brazilian-nut oil helps boost skin's moisture barrier and leaves behind a beautiful sheen.	$3.19
Whipped	*Soap & Glory The Righteous Butter* (**3**) is a thick and velvety treat featuring aloe and shea butter.	$9.99

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THE REVOLUTION IN
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Beauty On a Budget

MUST-HAVE MAKEUP GOODIES THAT REALLY DELIVER, EACH FOR JUST A FEW DOLLARS

Who doesn't love a good bargain, especially when you don't have to sacrifice quality or performance? These full-size goodies offer elegant textures and pretty shades to help you create all of your favorite looks. And the clever packaging is just icing on the cake!

1 **Black Radiance Calcium Enriched Nail Color in Gold Metallic, $1.99,** adds subtle sparkle to fingertips.

2 In a rush? Try the tiny-but-mighty **E.L.F. Cosmetics All Over Color Stick in Pink Lemonade, $1.** It multi-tasks as shadow, blush and lip color.

3 The three pretty shadows and cream liner in the **N.Y.C. New York Color Mod Quad in Get Down Brown, $3.99,** offer eye options for both day and night.

4 **Milani Moist Matte Lipstick in Cream Pie, $2.99,** is a neutral pink shade packed with shea-butter extract to keep lips kissably soft.

5 Mix any of the four yummy shades in the **Tropez Precious Lips Quad in Berry Cool, $3.99,** to create your perfect lip, or wear them individually.

6 **Wet n Wild CoverAll Liquid Concealer Wand, $2.99,** glides on with a sponge-tipped applicator to hide spots and dark circles.

—Mandy Hendrix



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A LITTLE NIGHT MAGIC IS ALL YOU NEED TO HAVE MORE LUSTROUS HAIR AND DEWIER SKIN WHEN YOU RISE AND SHINE

Sleeping Beauty



What if we could transform the hours that we're asleep into our very own intense beauty treatment? It may seem that our bodies shut down at night, but in reality our restorative mechanisms are reporting for duty. For instance, the absence of stress while you sleep allows the skin to amp up its natural ability to repair itself, making night an ideal time to help the beauty process along, says Arielle N.B. Kauvar, M.D., dermatologist and founding director of New York Laser & Skin Care Center. With this in mind, use our tips for a better, richer sleep and you'll be even more gorgeous by morning.

TONIGHT'S TIPS FOR TERRIFIC HAIR TOMORROW

• Shampoo at Night

Shampooing before turning in for the night gives your hair time to absorb your scalp's natural oils, which may help most hair types hold their style the next day. In the morning straight-haired types should rewet their locks with a spray bottle and blow-dry, while the curly and frizz-prone should define and smooth their tresses with a curling or straightening iron.

• Condition With Care

An overnight treatment delivers much-needed moisture to dry, damaged or color-treated hair. "Overnight the penetration is deeper," says Gretchen Heber, of NaturallyCurly.com, who likes jojoba and avocado oils. Another option: one of the new spray conditioners that deposit a fine mist without leaving a residue. Finally, switch to a satin pillowcase, which Heber says is wonderful for preventing frizz.

• Brush It Out!

Brushing your hair stimulates your scalp—revving up its circulation, [illegible] follicles—and the [illegible] hours are [illegible] The trick: Style [illegible] ones) is key. Try the Phillips Classic 1 All Boar Cushion Brush, $8.99.

• Sneak-In Styling

"When we're awake we might not have time to style our hair," says Eliút Rivera, stylist and owner of Salon Eliút Rivera, in New York City. Or the patience! Rivera suggests that those with straight locks divide their just-dried hair into four sections and braid each loosely. In the morning, scrunch with gel. To smooth curly hair, Rivera favors the "[illegible] wrap," in which freshly blown-[illegible] smoothed and wrapped around the head with bobby pins. In the morning, take out the pins and [illegible] with your hands.



SLEEP SCIENCE: During the deep phases of the sleep cycle, your body creates new cells and repairs the free-radical damage inflicted by sunlight and the environment

PHOTOGRAPHED BY MARLENA BIELINSKA STYLED BY CARLA ENGLER WRITTEN BY PATRICIA REYNOSO


Body



BEDTIME BODY CARE

• **Better Baths**

Being relaxed and de-stressed is essential for a good night's rest, so hop into that tub right now! "When you're in the bath, there's not much you can do," says Julie Lindh, an aesthetician at Townhouse Spa, in New York City. It's this nothingness that prompts your mind to unwind and ditch the worries of the day. Too busy to take a nightly bath? Lindh says that even a 15-minute soak in a tub filled with hot water, sea salts and essential oils will deliver maximum benefits. "After five minutes your pores open up, during the next five minutes you start to absorb the ingredients and after five more minutes you should ease off," says Lindh, adding that in a pinch a shower will do, too. Lather up with one of the new relaxing shower gels formulated with sleep-inducing essential oils.

• **Softer Hands and Feet**

Just like on the rest of our body, the skin on our hands and feet gets dehydrated during the night, so don't forget to pamper them, too. If you have a bit more time, why not slip on a moisturizing glove or bootie? Many are lined with body heat–activated moisturizing pads. Enjoy their soothing feel for a few minutes before snuggling in.

SLEEP SCIENCE: The very act of rubbing your skin with a soothing body oil can calm you. Fully inhale the scent by cupping your hands and taking a deep breath

Face

WHILE YOUR SKIN SLEEPS

• Soap Dish

Does this scenario ring true? You've had a long day and an even longer evening, and the last thing you want to do is stand over the sink and wash your face. But—surprise, surprise—you absolutely must remove the makeup, oils and other buildup that can clog pores. Make the process simpler with pre-moistened cleansing wipes, such as Pond's Dramatic Results Age-Defying Cleansing Towelettes, $5.99.

•Moisture Matters

As you're snoozing soundly your skin is losing moisture, so reverse the trend with a nighttime moisturizer. (Concerned about breakouts? Then try an oil-free version, which still delivers hydrating benefits.) Thanks to the moisturizer's ability to plump up the cells on the uppermost layer of the skin, you'll wake up with a fresher complexion that looks less lined.

•Tackle Special Skin Needs

Support your skin's natural repair work with overnight creams and serums that target fine lines, wrinkles or uneven pigmentation. Nighttime is also ideal for treating specific conditions, such as breakouts (dab an overnight acne buster such as AMBI Even & Clear Acne Clearing Treatment, $9.99, on any problem spots), as you wouldn't top them with makeup as you would during the day. And don't forget your eyes, this delicate area especially benefits from a moisture boost. We like Neutrogena Rapid Wrinkle Repair Reverse Eye Cream, $19.99.

SLEEP SCIENCE: Setting the ideal bedtime scenario—making the room as dark as possible, clearing any clutter and spritzing a calming spray into the air—helps ease you into a perfect beauty sleep



BEDTIME BEAUTY BASICS

BATH & BODY

(1) Unwind while you cleanse with Olay Calm Release Body Wash, $3.99, which contains lavender to help ease away stress and anxiety.

(2) Add three capfuls of Spa NK Sleepyhead Aromatherapy Bath Oil, $45, to a warm bath. The essential-oil blend of rosewood and patchouli sets the mood for a good night's sleep.

(3) Grassroots the Great Escape Totally Relaxing Bath Salts, $12.50, blends Dead Sea salts and essential oils of lavender and eucalyptus for a pampering evening soak.

(4) Give yourself a moisturizing massage with NIVEA Body Renewal Night Creme, $10.29, which contains vitamins F and B- and ceramides.

HANDS & FEET

(5) Pamper your hands with Neutrogena Comforting Butter Hand Cream, $4.89, which locks in moisture with a rich formula of mango, cocoa and shea butters.

(6) Slather on foot cream, then slip on a pair of Essence of Beauty Moisturizing Gel Booties, $15.99, to wake up with baby-soft feet.

FACE

(7) L'Oréal Paris Age Perfect Pro-Calcium Night Cream, $24.99, helps boost hydration and improve brightness while you sleep.

HAIR

(8) Apply a fine mist of Jonathan Product 1B Revitalizer Overnight Oil Treatment Spray, $44, to dry, thirsty hair. Its lightweight formula nourishes the hair and scalp with macadamia oil.

AT YOUR BEDSIDE

(9) Spritz Bath & Body Works Aromatherapy Pillow Mist, $10, over your linens before climbing into bed. The blend of lavender and chamomile oils helps calm the senses and lull you to sleep.

(10) Dream Essentials Dreamer Sleep Mask, $21.95, blocks out most light and helps you get past the "drift phase" of sleep.

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LET IT *Shine*

SATIN MOVES TO DAYTIME IN LUXURIOUSLY RICH HUES AND BRIGHT JEWEL TONES



1 Silk in shades of salmon, melon, fuchsia and flame makes a big impact, perfectly. Echo, $78.

2 Embolden a suit for work by adding this sleek yellow blouse. Banana Republic, $68.

3 Try these slick, colorful headbands to throw a pop of color into the mix. L. Erickson, $24 each.

4 This slouchy purple bag is roomy enough for day yet elegant enough for evening, too. Reaction by Kenneth Cole, $58.

5 Electric-pink and bright-orange satin bands make these watches a most timely statement. Freelook, $129.

6 A cobalt-blue evening clutch converts from its handheld style with a hidden chain strap. JCPenney, $24.

7 A casual weekend sneaker gets extra zip when it's finished in dark-pink satin. Nine West, $79.

8 Try these comfortable, cute ballet flats in ruby-red satin to add interest to any neutral outfit. American Eagle, $29.50.

CONTINUED

WRITTEN AND STYLED BY SUE ERNETA

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Itchy skin calls for instant calm and long-term comfort.

When your skin is so itchy that it feels like you've been wearing a rough, scratchy wool turtleneck, help is on the way. Only **dermatologist recommended** Eucerin brings you a complete solution that helps free skin from occasional flare-ups and everyday itchiness.

For immediate relief, use Eucerin **Calming Itch-Relief Treatment** with cooling menthol and soothing oatmeal. And to help prevent itchiness from coming back, apply oatmeal-enriched Eucerin Calming Creme every day. Because when your skin is calm and comfortable, so are you.

Eucerin

www.EucerinUS.com

Where to Find It, page 220



1 A roomy, retro convertible clutch looks bold and sophisticated in magenta satin. Nine West, $69.

2 The modern heel works overtime in luxe forest-green satin and rich-black suede. Nine West, $79.

3 Plum quilted satin and black leather come together to make an unexpectedly fun winter boot. Nine West, $169.

4 A mix of rose, burgundy, plum and champagne combines beautifully in this sexy heel that looks great with virtually any other color. Unlisted, $45.

5 This chic navy oversize shoulder bag will look perfect all day long. Liz Claiborne, $118.

6 Rich dark-pink satin makes everyday ballet flats look modern. BITTEN Sarah Jessica Parker, $14.98.

7 Try this wide navy belt over a simple black dress for a sophisticated, fitted shape. Kenneth Cole.

8 Get noticed in these comfy daytime flats in teal gathered satin. Banana Republic, $68.

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Studies suggest the nutrients in milk can play an important role in maintaining
healthy weight. Staying active, eating right, and drinking 24 ounces of
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Family Affair





Fall in love with the Robinettes, winners of our fourth annual Family Style Makeover contest. Learn the tips and tricks that this busy clan discovered during their makeover—and find out how you can enter to win next year's contest!

PHOTOGRAPHED BY JENNY ACHESON
STYLED BY CARLA ENGLER WRITTEN BY ERICA METZGER

For the past three years, our Family Style Makeover contest has been a blast for each lucky family *and* for us. This year was no exception. The process began with more than 700 entries that poured in from across the country and continued with days spent reading your delightful essays, with many *oohs* and *aahs* as we passed around your terrific photos.

This year we chose the Robinette family from Westminster, Maryland, as our winners. Elizabeth Robinette, 40, works part-time as a speech pathologist for a special education elementary school, while her husband of almost 18 years, Reid, 41, is the pastor of a nondenominational church. Together they train for and participate in triathlons. Basketball player Taylor, 14, and cheerleader Rebecca, 10, round out the pack.

CONTINUED

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To find out how you can enter for a chance to win *Ladies' Home Journal*'s next annual Family Style Makeover, turn to page 28.

As a regular *Ladies' Home Journal* reader, Elizabeth especially enjoys Rick Warren's Purpose column and "Can This Marriage Be Saved?" Though Elizabeth admits she's never been inclined to enter a contest before, the Family Style Makeover appealed to her "one freezing day last February." While soaking in the tub reading *Ladies' Home Journal* Elizabeth came across the entry form. "I just felt drawn to enter," she said. Lucky for her that she did!

Fashionwise, Elizabeth's lifestyle requires multiple looks for work, church functions and weddings. She asked for help with spicing up her style and buying clothes that flatter her figure. "I'd like to find things that make me look my best and are fun," she says. When it comes to beauty, Elizabeth wanted her hair color to look more natural and sought advice on how to apply blush and pick the perfect lip color. Reid needed versatile pieces for his various church duties and the kids wanted haircuts and clothes to start off the school year right.

So we brought the Robinettes to New York City for a week packed with fittings with our fashion department as well as exclusive beauty treatments from the Great Jones Spa, haircuts and color at Oscar Blandi Salon and a one-on-one lesson with New York City makeup artist Sonia Kashuk. Read on to witness the family's full transformation.

RIGHT IDEAS

vant to make my look a little more ," said Elizabeth, who describes her le as traditional. She wears lots of ssics, such as khakis, jeans and ots, but noted, "I feel like I'm stuck a rut, especially when it comes to usual color scheme of black and own." All she needed were some as on how to enhance her outfits, well as help with choosing the right louettes to flatter her size-12 curves.

ssons Learned

olor Cues: Elizabeth can enliven her ook by sporting one bold color in, ay, a wrap dress, a vivid jacket hrown over a neutral top and pants, r a colored top that peeks out of ayered neutrals.

eg Work: "I had given up on skirts ecause of my muscular legs," onfessed Elizabeth, but she was lelighted when we showed her that black knee-length skirt paired with lack tights and pumps instantly limmed her lower half.

acket Genius: Elizabeth was happy o discover that sprucing up an outfit can be as simple as throwing on a jacket or coat with an interesting detail or in a strong pattern or color.

HER FALL FASHION ESSENTIALS

- A wrap dress in a bright solid color
- A black knee-length skirt paired with black tights and pumps
- A jacket or blazer in a bold print or color

HOW TO WEAR IT WELL

Skinny Jeans: Jeans that hit just at the waist and contain a little stretch (opposite page) help hold in the tummy, while a dark wash and wide cut make legs look long and lean.

Curves Ahead: Always flattering, a jersey wrap dress skims the body and ties at the waist (bottom left) to accentuate all the right lines. Likewise, a sleek black belt cinched over a colorful turtleneck (right) or a belted cropped-sleeve jacket (bottom center) nips in the middle to instantly create perfect proportions.

What Lies Beneath: Control-top tights (right) are a hidden helper to maintaining a streamlined silhouette underneath skirts and dresses.

CONTINUED







Where to Find It, page 220



Red Hots: A bold-red statement piece, such as the trapeze wool jacket with an exaggerated collar (on page 45) or the short patent-leather swing trench (on page 46), makes even the most basic outfit chic and stylish.

Creature Comforts: Looking professional doesn't mean sacrificing comfort. The crisp, tailored fit of a herringbone blazer (left) or a belted sweater jacket (on page 47, bottom center) makes either ideal for work, but it's their knit fabric that makes them feel as snug as a cozy sweater.

All That Jazz: Pull off a coat that has lots of personality, such as a citron satin anorak or a polka-dot topper (on page 47, bottom center and right) by pairing it with classic, more subdued ensembles.

The Preacher's Wife: Elizabeth can wear this gold-sequined bracelet-sleeve coat (bottom right) with a champagne silk top and cream pants to wedding ceremonies, layer it over a dress for church fund-raisers or pair it with jeans for a fun Saturday-night date.

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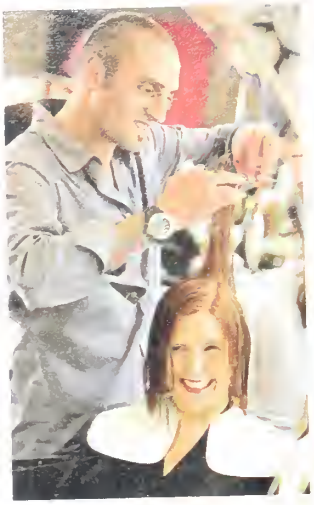
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BEHIND THE BEAUTY SCENES



DAY 1: SPA DAY AT GREAT JONES SPA with Karen Terranova

FACE FACTS

Elizabeth was treated to her first complete facial, during which Terranova used hot stones to relax Elizabeth's muscles and help the moisturizers penetrate more deeply into her skin. "It was amazing!" gushed a glowy Elizabeth.

LESSONS LEARNED

- **Cleansing 101:** Elizabeth needs to use a gentle cleanser to wash her face instead of just splashing it with water each night.
- **Moisture Musts:** "Elizabeth has nice skin,



but she has some sun damage and overall dryness," noted Terranova, who recommended adding an eye cream as well as a weekly antioxidant-rich hydrating mask to her regular regimen.



SKIN ESSENTIALS

- Jurlique Replenishing Cleansing Lotion, $39
- Aveeno Positively Ageless Eye Serum, $19.99
- Boots No. 7 Intensive Moisture Face, $19.99

DAY 2: HAIRCUT AND COLOR AT OSCAR BLANDI SALON with Luca Blandi and Margot Hernandez

BACK TO BASICS

Elizabeth prefers to straighten her thick, naturally curly hair with a flatiron but also wanted the option of wearing it curly if the mood struck. She also longed for auburn hues: "My hair used to have reddish-blond undertones, which I loved, but after the second baby, the color turned mousy and dull."

LESSONS LEARNED

- **Color Coordinated:** Elizabeth's salon-dyed blond color was on the "ashy and drab side," according to Hernandez (bottom left), who decided to make her a strawberry blonde. "This way, she's still in the blond family, but this shade works better with her pink undertones," she said. She also warmed up the color of Elizabeth's brows to match her hair.
- **Hair Workout:** "Elizabeth's hair is just completely out of shape," assessed Blandi (top left). His solution of a long, layered bob with face-framing bangs can be worn either curly or straight. "It makes her beautiful cheeks and eyes even more striking."

"She looks gorgeous!" agreed Reid, grinning ear to ear.

HAIR ESSENTIALS

- Oscar Blandi No Gravity Volumizing Spray, $18
- Oscar Blandi Olio di Jasmine Shine Spray, $22
- Pantene Pro-V Curl Shaper Anti-Frizz Crème, $6.49

DAY 3: MAKEUP LESSON with Sonia Kashuk

NEVER SAY NEVER

"I've never used blush because I don't know how to apply it and I've never found lipstick that looks good on me," Elizabeth said. That was one too many "nevers" for Kashuk (center left), who gave Elizabeth a basics brushup.

LESSONS LEARNED

- **Getting Cheeky:** Kashuk combined two cream blush shades, one pink, one coral, on the apples of Elizabeth's cheeks to create the perfect warm shade for her skin tone. "You can't really mess up with cream blush. Just use your fingers to blend away any hard edges," instructed Kashuk.
- **Fresh Lips:** "Skip lip liner. Since you don't normally wear lipstick, it will only make you feel ridiculous," Kashuk advised. She used a brush to apply a sheer pink lipstick, just a shade darker than Elizabeth's natural lip color. "It feels really comfortable," said Elizabeth as she admired her smile in the mirror. "I love that it's so close to my natural color."

FACE ESSENTIALS

- Sonia Kashuk Cheek Sheers in Beach Bum and Beachbabe, $7.99 each
- Sonia Kashuk Luxury Lip Color in Peony, $7.99

CONTINUED


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Pop of Purple: A shot of purple, found in a thin long-sleeved tee layered underneath a black sweater (above) or a patterned tie over a collared shirt (right), keeps dark, classic shades from looking too serious and somber. "Very cool," remarked Reid, who was surprised to find he liked the lively shade. Dapper Dan: Elizabeth wanted to see Reid in a new suit for all the weddings he regularly performs. She found him especially handsome in a suit that was deep charcoal brown (right), instead of predictable black.

Touchable Textures: A rich-suede coat (on page 45) or a chocolate-brown velvet jacket (on page 48, bottom right) dresses up the basics but gives him the comfort he craves. Layer It on Thick: Building layers gives versatility to any outfit. Combining several elements, such as contrasting black and purple colors underneath a tweed sport jacket (above) or a zip-up sweater over a striped dress shirt and T-shirt (on page 45) creates a professional look that can be made less casual by removing a layer or two.

FASHION ON THE MOUNT

"Our church is a young crowd," Reid told us, explaining that he needs to look professional while representing the church, yet still be approachable and cool to his younger audience. Reid was pleased with our solution of clean, elegant pieces that can be dressed up when he performs wedding ceremonies or dressed down for more-casual services.

LESSONS LEARNED

- **Skin Bliss:** After his facial, Reid had a happy, dazed expression on his face. "That was so relaxing," he said.
  "Your skin looks amazing!" said Elizabeth when she saw him, planting a big kiss on his cheek.
- **Good-Bye, Gray:** Hernandez dyed Reid's front patch of gray hair to make the overall color more consistent. "It's great!" remarked Reid on his fresher look.











SUPER-STYLISH KIDS

PRETEEN PREENING

- **Model Behavior:** When she found out her family had won, Rebecca, the undisputed fashionista of the family, declared to Elizabeth, "Mommy, this could be the beginning of my career!" During her fashion fitting, she twirled around in one adorable outfit after another and practiced her strut, teetering in Elizabeth's heels. "Hannah Montana's got nothing on you!" Elizabeth told her daughter

BOY WONDER

- **Cool Kicks:** Taylor happily traded in his usual uniform of a basketball jersey to try on sporty yet urban looks that would up his fashion ante at school. He was especially impressed with the large assortment of sneaker options for his difficult-to-fit size-15 feet

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Women Embracing Life

State Farm® honors Alissa Torres, one of the 2007 Embrace Life® Awards honorees.

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Alissa Torres, New York, N.Y., lost her husband, Eddie Torres, on his second day of work in the World Trade Center on Sept. 11, 2001. Seven and a half months pregnant, Alissa found solace in writing about her experiences and feelings. Her literary work helped her preserve the legacy of her husband and find her voice. One of her pieces, "The Reluctant Icon," is a personal essay about being a survivor of 9/11 and was published in college textbooks and is currently being developed for Spanish theater. Today, she continues to use her writing as a way to reach and inspire others. Her first graphic novel, "American Widow," will be published in 2008.

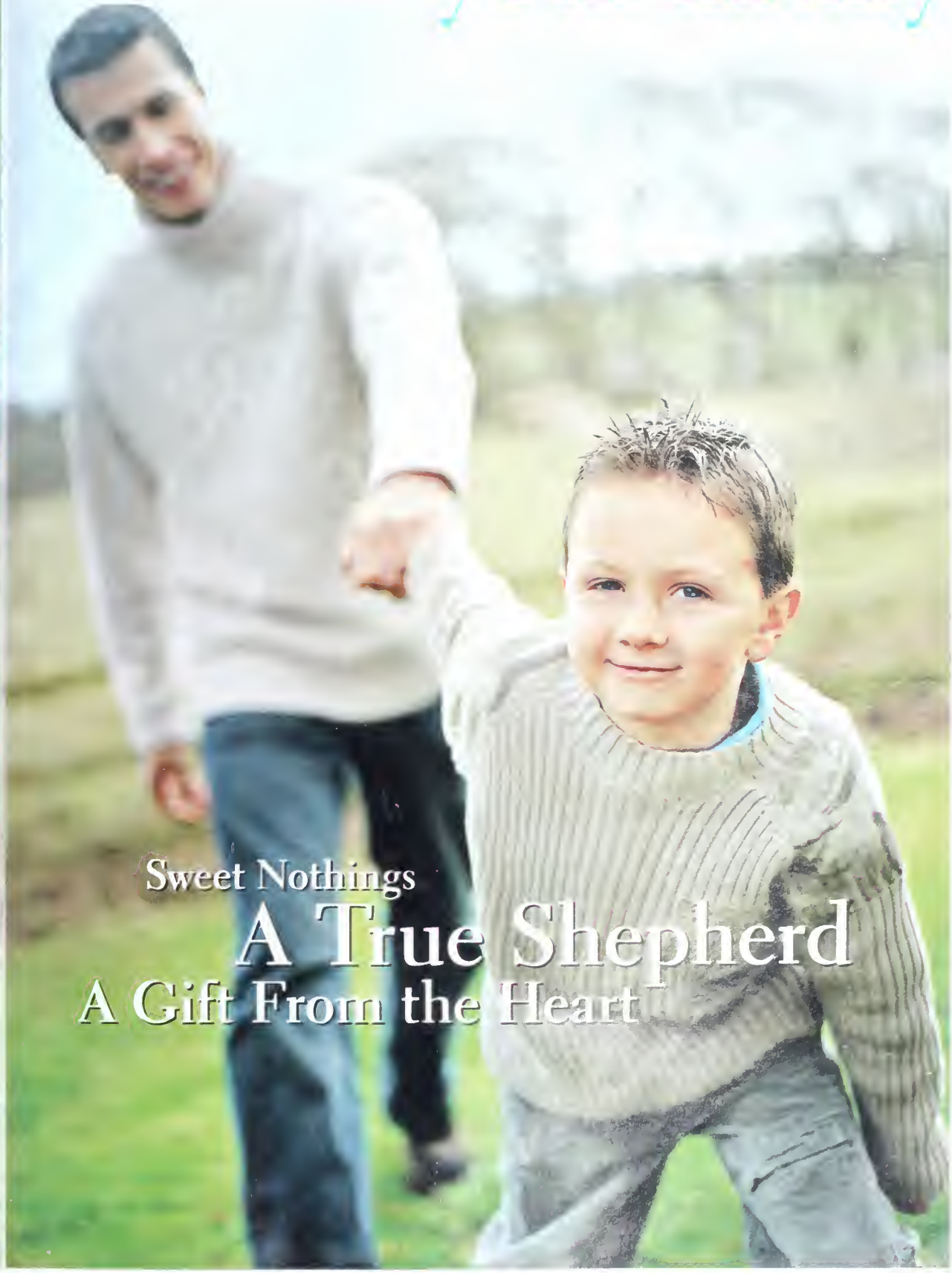
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"He's Threatened By My Success"



Her turn: "My husband won't admit this, but he's threatened by my success," said Linda, 43, a health-care consultant in the Philadelphia area who has been married for 15 years and has a 12-year-old daughter, Audrey. "Sure, he likes my six-figure income—it enables our family to have a good life—but his ego can't take the fact that I'm the main breadwinner. Josh is a successful musician—he plays guitar and piano in several rock and classical groups, gives music lessons and appears as a guest artist with classical ensembles around the country—but he doesn't have a paycheck that matches mine.

"As far as I'm concerned, so what? I'm the one who encouraged him to get back into music after a detour in his dad's plumbing business. Music is a highly competitive, low-paying field. Why can't he see himself as I see him—*successful*? But he complains about his income and shows his resentment about mine by constantly bickering about our sex life and my parenting skills. I think our sex life is fine; he says I'm not adventurous enough. I think he's too harsh with Audrey; he says I'm too lenient. For the past five years we've been caught in a cycle of argument and avoidance: Josh calls me a 'control freak,' I call him 'childish,' and then we give each other the silent treatment for hours. It's wearing me down and, frankly, it does affect how I respond to him physically. He gets mad that I don't want to cuddle on the couch, but who wants to be affectionate with someone you're mad at? It upsets me that we're setting such a bad example for our daughter, much as my own parents did for me.

"Growing up I never lacked for creature comforts, but our family was not emotionally close, partly because my sisters are six and eight years older than I am and partly because I didn't get along with my parents. Mom was judgmental and constantly berated Dad, who was a total doormat. I vowed I'd never be passive like him, so I fought back when







Mom bad-mouthed my clothes, my hair and everything I did.

"Josh and I met on a blind date. I was 28 and a hospital administrator on the fast track; he was 33 and working in his father's plumbing business. I was instantly attracted to Josh—he's tall and lean, with thick brown hair and blue eyes—but I also loved his sharp wit and personal warmth. That night we talked about everything from our work and our dream vacations to our favorite rock bands and art exhibits we'd recently seen. A good conversationalist, he asked intelligent questions and really listened to my answers.

"The next weekend he asked me to dinner, and our relationship took off. He was easy to fall in love with: He's artistic and sensitive, qualities that set him apart from earlier boyfriends. After six months Josh proposed. We got married nine months later.

"After such a conflict-free courtship it was a shock that our early years of marriage were difficult. But neither of us had lived with anyone before, and we didn't know how to adjust. Whenever we reached a stalemate—over money or time with our families—we argued to the bitter end rather than compromise. I slammed doors; he hurled silverware; we called each other names. It was painful to discover Josh's negative personality traits; I'm sure he was equally horrified by mine.

"Eventually, though, we tamed our tempers and had fun again. We were ecstatic when Audrey was born, but her infancy coincided with Josh's unhappiness at work. His daily battles with his father made him miserable, and I had a tough time tolerating his moods, especially when I was exhausted from working full time and caring for a baby. The minute Josh said he missed being a musician, I urged him to quit his job and rebuild his music career.

"He hadn't touched the piano in eight years, so he took some brushup lessons and got a job with a wedding band. We missed being together on weekends but knew this was the first step. Overall, Josh's spirits brightened, and we got along great—except in the bedroom. My sex drive has just never been as high as his. I was content to make love a few times a month, but Josh wanted sex several times a week. If I wasn't in the mood, he'd accuse me of being cold. Then we'd end up in a big fight.

"We coasted along for the next few years, but the underlying tension disheartened me. Josh slowly built his career but constantly complained that our society doesn't value musicians, hence the pay discrepancy between them and businesspeople. Our marriage took a big hit five years ago when I virtually doubled my salary by joining a prestigious management consulting firm. The increase in financial success, the more critical Josh was.

"As Audrey moved into adolescence, our parenting differences became more of a problem, too. We aren't in sync as disciplinarians at all. If she's fresh to Josh, he'll revoke TV for a week, but when she begs him to change his mind, he does. I think a punishment should match the crime, but if I question Josh's choices, he says I'm too easy on her. When he and Audrey bicker they're like two kids on a playground, yelling, whining and rolling their eyes. I want Josh to be a grown-up—not take the low road.

"We really hit bottom on a recent flight to Seattle. CONTINUED

can this marriage be saved?



I had enough frequent-flier miles for three tickets: two first-class and one coach. We decided that Audrey and I would sit in first class on the way out, and Josh and Audrey would be there on the way back. Halfway through the six-hour flight my husband stormed into first class and ordered Audrey to change seats with him. She refused, so he demanded that I go back to coach. 'Audrey isn't going anywhere, and neither am I,' I said, reminding him of our deal. But Josh kept ranting, so I stomped back to coach. Upon arriving in Seattle, Josh disappeared and didn't show up at the hotel until three hours later! That's when he said that a wailing baby in coach (who slept the whole time I was there) had given him a pounding headache. 'Why didn't you say that in the first place?' I demanded. 'Why did you act so immature?' Not surprisingly, the incident cast a pall over our vacation.

"When Josh isn't criticizing me or acting like a child, he's my favorite person on earth. Unfortunately, the good times are rarer and rarer. We never went out much at night—that's when musicians work—but we no longer meet for romantic lunches, the way we used to. I'm really miserable. I still love him, but I don't like him anymore—and that has to change or our marriage is doomed."

His turn: "If Linda accuses me of resenting her success one more time, I'm going to scream," said Josh, 48, his voice rising in anger. "It's her mantra but it's simply not true. I don't begrudge my wife her big salary. I don't complain about her business travel. To Linda's credit, she's never pressured me to find a more-lucrative occupation, and I'm grateful to her for encouraging me to return to music.

"Linda misreads as resentment what in fact is my own ambivalence about my career. I love making music, but I hate the low pay and instability of being a professional musician. In most fields [illegible] linked to education and experience. It bugs me that I still [illegible] enough to support us, even though I hold a master's [illegible] been a professional musician for 30 years.

[illegible] of three sons—one brother was 13 years old[illegible] older. I felt hostility from them because my [illegible]. My dad alternately ignored and criticized m[illegible] with Mom as my lone ally.

"I starte[illegible] 7. I became proficient very quickly and by junior high took up the French horn and guitar. Setting my sights on a music career, I concentrated on the piano in college. After graduation I spent three years as a principal pianist with a regional symphony.

"I felt I needed more training, so at 25, I moved to New York, studied for three years with a renowned pianist, supported myself with gigs around town and auditioned for a prestigious graduate program. By the time I finished my master's, at 30, I feared I'd never have a steady income. That's when I enrolled in vocational school to learn plumbing. I joined my father's company, where I earned a decent wage and had health benefits. But I hated working for my dad, whose habit of criticizing everything I did had not changed an iota.

"I knew I wanted to marry Linda almost from the first moment I met her. Not only is she an auburn-haired beauty with a megawatt smile but she is also intelligent, funny and interesting. But she and I have different views of marriage, especially when it comes to sex and child rearing. I want an active sex life, with more variety. I also want her to initiate sex, which she has never done. Now she has become cold, which makes me sad. Would it kill her to cuddle on the couch while we watch a movie?

"As for parenting, Linda has to be right about everything. She's so determined to be Audrey's favorite that she gives her anything her heart desires and tolerates her smart mouth and disrespect. But I call Audrey on that stuff, which provokes an argument between us, which then puts me at odds with Linda, whose concept of discipline is different from mine. She either accuses me of acting like a child when I argue with Audrey or says I'm overreacting if I send CONTINUED

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Audrey to her room or cut off TV privileges.

"I admit I behaved badly on the flight to Seattle. Although I've repeatedly apologized, Linda reminds me of this incident every chance she gets. Why can't she let it go?

"I wish Linda and I communicated better. We established a bad pattern as newlyweds and unfortunately it has continued to this day. We're so angry that we never have interesting discussions anymore, and we've dropped our weekly lunch date. I still love Linda, in spite of our problems. I'd just like to get to the bottom of what's wrong between us."

The counselor's turn: "When I met this couple, I didn't believe, as Josh claimed, that their problems centered on sex and discipline of their daughter," the counselor said. "Instead, I felt they were engaged in an unconscious power struggle that was being played out in those areas. Josh didn't begrudge Linda her big paycheck but he did long for greater professional success and didn't know how to achieve it.

"Still, hostile as they were, Linda and Josh loved each other and wanted to revive their marriage. I believed they could, provided they understood the source of their conflict and then changed their perspective and behavior.

"I encouraged them first to see how their families of origin shaped their attitudes. Growing up, Josh felt intimidated by a domineering father who either belittled or ignored him. As a result, he suffered from low self-esteem his whole life and in some ways never grew up. This lack of confidence prompted him to abandon music and join the family plumbing business for finan

YESTERDAY:
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security. 'You were on the cusp of suc- after grad school, but you weren't tionally prepared to go for it,' I told 'You gave up too soon and ran home addy.'

Given his past, Josh was probably hard- d to choose a spouse who could provide omic cover. Yet it was this capacity that e him into a power struggle with his . It didn't matter that Linda enthusiasti- supported his career, regardless of his ings; Josh didn't measure up in his own . He equated their salary imbalance a power imbalance in their relation- , so to set matters right, he verbally ked Linda in an area where he felt *she* 't measure up—her sexual performance. Meanwhile, Linda was raised in an emotionally antiseptic environment by a hard-to please mother and a remote father who passively accepted his wife's disparagement. Linda vowed to be powerful and independent—hence her tendency to be controlling. Having promised herself not to marry a meek man, she instead chose someone as hard to please and critical as her mother—in effect re-creating her childhood struggles in her marriage.

"Once Linda and Josh understood that his low self-esteem and her need to control were issues left over from their childhoods, they were able to accept their personality differences, which I helped them reframe as virtues. For instance, I pointed out that their personalities had dictated career choices that worked to their advantage. As I said to Josh, 'You could take a $75-a-night jazz gig and still live in comfort because your wife's desire for power worked to her financial advantage in the corporate world.' To Linda I pointed out that Josh's being a musician gave him a flexible schedule that allowed her to focus on her career and travel for business without worrying about child care or the house. CONTINUED

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YOND CLUMPING TO BREAKTHROUGH ODOR CONTROL.

"Next, to boost Josh's confidence and sense of personal power, I recommended he focus on raising his income. It was clear to me that Josh hadn't maxed out his earning potential as a freelance musician. Following my advice, he promoted himself more aggressively, and during the year the couple spent in counseling, he was hired to play for the city's opera company, doubled the number of students he taught at home, became a part-time instructor at a local college and sold several articles to a music magazine.

"The more economically successful he became, the better he felt about himself. 'If you're doing what you love and making money at it, that's success,' he said in a breakthrough session. 'We live in such a money-oriented society that I never really believed that before. But now I do.'

"When it came to sex, I suggested that Linda might be more responsive if Josh changed tactics. 'Is this any way to woo your wife—by berating her as cold in bed?' I asked rhetorically. They both got the message. As Josh stopped his criticism, Linda's libido slowly reawakened. In addition, as Josh became more satisfied with his career, he was less preoccupied with sex. 'Josh's sex drive will probably always be stronger than mine, but we're more accepting of each other's needs now,' Linda said, 'and we're working on making sex better for both of us.'

"After a rocky early marriage Josh and Linda had learned to control their tempers, so I knew they could change their communication style if they wanted to. 'Don't scream, don't call names, don't give each other the silent treatment and do *not* fight in front of Audrey,' I said. 'Children who witness this behavior often grow up to repeat it.' Once their communication improved, the couple felt more emotionally connected. Their lunch dates resumed.

"I pointed out that they used their daughter the way they'd used sex—as a pawn in a power struggle. She was caught in the middle—a psychological dynamic called 'triangulation.' The battle on the airplane was a perfect example. Audrey refused to switch seats with Josh, and this disrespectfulness tapped into his insecurities. Linda did not admonish Audrey, which perpetuated the triangle, and then Linda and Josh ended up fighting. 'You unconsciously sabotaged your own power by going after your daughter, and then you set up Linda to take her side and go after you,' I explained to Josh.

"When parents are split, it's common for the child to try to get [illegible] as much as she can—and indeed Audrey was a moody [illegible] was behaving like any adolescent would if 'triangulated.' I [illegible] Linda that Josh needed to act more like an adult with his [illegible] and choose reasonable, enforceable punishments. Yet Josh w[illegible] to insist that Linda stop calling him childish and striving to be [illegible]ent' by being too lenient and spoiling Audrey.

"'By coming to Audrey's rescue you're positioning yourself for ongoing battles with Josh,' I told her. On[illegible] Josh stopped being verbally aggressive wi[illegible] Audrey, Linda was less quick to jump to h[illegible] defense, which reduced their argument[illegible] She stopped being so extravagant wi[illegible] Audrey and held the girl accountable f[illegible] her behavior. The couple began determi[illegible] ing appropriate punishments together an[illegible] became a united disciplinary front.

"Linda and Josh were model clients in th[illegible] both welcomed my insights and eagerly in[illegible] plemented my recommendations. By ma[illegible] ing the difficult, but necessary, adjustmen[illegible] in attitude and behavior, they rediscovere[illegible] the bond that had brought them together s[illegible] many years ago. 'I'm less controlling an[illegible] critical,' Linda recently acknowledged, 'an[illegible] because he's more successful, both artist[illegible] cally and financially, Josh is less argumenta[illegible] tive. When I stopped calling him childish, h[illegible] started acting like an adult. He's back t[illegible] being the great guy I fell in love with.'"

Could *Your* Marriage Use Sav[illegible]



When your [illegible] personal iss[illegible] become to[illegible] much for th[illegible] of you to ha[illegible] on your own, a therapist can he[illegible] Find one near you in our onlin[illegible] therapist directory, which inclue[illegible] therapists' résumés, photos, specialties and personal statem[illegible]

HTTP://THERAPISTS.LHJ.COM



"Can This Marriage Be Saved?™" is the most enduring women's magazine feature in the world. This month's case is based on interviews with clients and information from the files of Stephen Betchen, a licensed marriage counselor in Cherry Hill, New Jersey, and author of *Intrusive Partners–Elusive Mates.* The story told here is true, although names and other details have been changed to conceal identities. "Can This Marriage Be Saved?™" is a registered trademark of Meredith Corporation.

A new ADHD treatment: Vyvanse.



en her ADHD treatment is consistent, so is Sarah.

s ADHD symptoms weren't controlled throughout her busy day.
eachers, coaches and even her friends didn't know the Sarah I know.

Vyvanse has been shown to provide consistent ADHD symptom control morning, through homework and family time, for up to 12 hours.

impressed with the results of the Vyvanse clinical study. Parents reported) symptom control at approximately 10:00 a.m., 2:00 p.m. and 6:00 p.m., nstrating consistent symptom control throughout the day.

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tant Safety Information:

e doctor about any heart conditions, including structural abnormali- hat you, your child, or a family member, may have. Inform the doctor *diately* if your child develops symptoms that suggest heart problems, such st pain or fainting.

se should not be taken if your child has advanced disease of the blood vessels sclerosis); symptomatic heart disease; moderate to severe high blood pressure; ctive thyroid gland (hyperthyroidism); known allergy or unusual reactions gs called sympathomimetic amines (for example, pseudoephedrine); es; glaucoma; a history of problems with alcohol or drugs; agitated ; taken a monoamine oxidase inhibitor (MAOI) within the last 14 days

e doctor ***before*** taking Vyvanse if your child is being treated for or has symptoms pression (sadness, worthlessness, or hopelessness) or bipolar disorder, has mal thought or visions, hears abnormal sounds, or has been diagnosed with psychosis; has had seizures or abnormal EEGs; has or has had high blood pressure; exhibits aggressive behavior or hostility. Tell the doctor ***immediately*** if your child develops any of these conditions or symptoms while taking Vyvanse.

Abuse of amphetamines may lead to dependence. Misuse of amphetamine may cause sudden death and serious cardiovascular adverse events. These events have also been reported rarely with amphetamine use.

Vyvanse was generally well tolerated in clinical studies. The most common side effects reported in studies of Vyvanse were decreased appetite, difficulty falling asleep, stomachache and irritability

Aggression, new abnormal thoughts/behaviors, mania, growth suppression, worsening of motion or verbal tics, and Tourette's syndrome have been associated with use of drugs of this type. Tell the doctor if your child has blurred vision while taking Vyvanse.

LDX992 [illegible]

see Brief Summary of Full Prescribing Information on the following page.

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IMPORTANT INFORMATION

Vyvanse® (lisdexamfetamine dimesylate) capsules

WHAT IS THE MOST IMPORTANT INFORMATION I SHOULD KNOW ABOUT VYVANSE?

Vyvanse is a stimulant medicine. The following have been reported with use of stimulant medicines.

1. Heart-related problems:

- sudden death in patients who have heart problems or heart defects
- stroke and heart attack in adults
- increased blood pressure and heart rate

Tell your doctor if you or your child has any heart problems, heart defects, high blood pressure, or a family history of these problems.

Your doctor should check you or your child carefully for heart problems before starting Vyvanse.

Your doctor should check your or your child's blood pressure and heart rate regularly during treatment with Vyvanse.

Call your doctor right away if you or your child has any signs of heart problems such as chest pain, shortness of breath, or fainting while taking Vyvanse.

2. Mental (Psychiatric) problems:

All Patients

- new or worse behavior and thought problems
- new or worse bipolar illness
- new or worse aggressive behavior or hostility

Children and Teenagers

- new psychotic symptoms (such as hearing voices, believing things that are not true, are suspicious) or new manic symptoms

Tell your doctor about any mental problems you or your child has, or about a family history of suicide, bipolar illness, or depression.

Call your doctor right away if you or your child has any new or worsening mental symptoms or problems while taking Vyvanse, especially seeing or hearing things that are not real, believing things that are not real, or are suspicious.

WHAT IS VYVANSE?

Vyvanse is a central nervous system stimulant prescription medicine. It is used for the treatment of Attention-Deficit Hyperactivity Disorder (ADHD). Vyvanse may help increase attention and decrease impulsiveness and hyperactivity in patients with ADHD. Vyvanse should be used as a part of a total treatment program for ADHD that may include counseling or other therapies.

Vyvanse is a federally controlled substance (CII) because it can be abused or lead to dependence. Keep Vyvanse in a safe place to prevent misuse and abuse. Selling or giving away Vyvanse may harm others, and is against the law.

Tell your doctor if you or your child has (or has a family history of) ever abused or been dependent on alcohol, prescription medicines or street drugs.

WHO SHOULD NOT TAKE VYVANSE?

Vyvanse should not be taken if you or your child:

- has heart disease or hardening of the arteries
- has moderate to severe high blood pressure
- has hyperthyroidism
- has an eye problem called glaucoma
- is very anxious, tense, or agitated
- has a history of drug abuse
- is taking or has taken within the past 14 days an antidepression medicine called a monoamine oxidase inhibitor or MAOI.
- is sensitive to, allergic to, or had a reaction to other stimulant medicines

Vyvanse has not been studied in children less than 6 years old.

Vyvanse is not recommended for use in children less than 3 years old.

Vyvanse may not be right for you or your child. Before starting Vyvanse tell your or your child's doctor about all health conditions (or a family history of) including:

- heart problems, heart defects, high blood pressure
- mental problems including psychosis, mania, bipolar illness, or depression
- tics or Tourette's syndrome
- liver or kidney problems
- [illegible] problems
- seizures or have had an abnormal brain wave test (EEG)

Tell your doctor if you or your child is pregnant, planning to become pregnant, or breastfeeding.

CAN VYVANSE BE TAKEN WITH OTHER MEDICINES?

Tell your doctor about all of the medicines that you or your child takes including prescription and nonprescription medicines, vitamins, and herbal supplements. Vyvanse and some medicines may interact with each other and cause serious side effects. Sometimes the doses of other medicines will need to be adjusted while taking Vyvanse. Your doctor will decide whether Vyvanse can be taken with other medicines.

Especially tell your doctor if you or your child takes:

- antidepression medicines including MAOIs
- antipsychotic medicines
- lithium
- blood pressure medicines
- seizure medicines
- narcotic pain medicines

Know the medicines that you or your child takes. Keep a list of your medicines with you to show your doctor and pharmacist.

Do not start any new medicine while taking Vyvanse without talking to your doctor first.

HOW SHOULD VYVANSE BE TAKEN?

- Take Vyvanse exactly as prescribed. Vyvanse comes in 3 different strength capsules. Your doctor may adjust the dose until it is right for you or your child.
- Take Vyvanse once a day in the morning.
- Vyvanse can be taken with or without food.
- From time to time, your doctor may stop Vyvanse treatment for awhile to check ADHD symptoms.
- Your doctor may do regular checks of the blood, heart, and blood pressure while taking Vyvanse. Children should have their height and weight checked often while taking Vyvanse. Vyvanse treatment may be stopped if a problem is found during these check-ups.
- If you or your child takes too much Vyvanse or overdoses, call your doctor or poison control center right away, or get emergency treatment.

WHAT ARE POSSIBLE SIDE EFFECTS OF VYVANSE?

See "What is the most important information I should know about Vyvanse?" for information on reported heart and mental problems.

Other serious side effects include:

- slowing of growth (height and weight) in children
- seizures, mainly in patients with a history of seizures
- eyesight changes or blurred vision

Common side effects include:

- upper belly pain
- decreased appetite
- dizziness
- dry mouth
- irritability
- trouble sleeping
- nausea
- vomiting
- weight loss

Vyvanse may affect your or your child's ability to drive or do other dangerous activities.

Talk to your doctor if you or your child has side effects that are bothersome or do not go away.

This is not a complete list of possible side effects. Ask your doctor or pharmacist for more information.

HOW SHOULD I STORE VYVANSE?

- Store Vyvanse in a safe place at room temperature, 59 to 86° F (15 to 30° C). Protect from light.
- Keep Vyvanse and all medicines out of the reach of children.

GENERAL INFORMATION ABOUT VYVANSE

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use Vyvanse for a condition for which it was not prescribed. Do not give Vyvanse to other people, even if they have the same condition. It may harm them and it is against the law.

This Medication Guide summarizes the most important information about Vyvanse. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information about Vyvanse that was written for healthcare professionals. For more information about Vyvanse, please contact Shire US Inc. at 1-800-828-2088 or visit www.Vyvanse.com.

WHAT ARE THE INGREDIENTS IN VYVANSE?

Active Ingredient: lisdexamfetamine dimesylate

Inactive Ingredients: microcrystalline cellulose, croscarmellose sodium, and magnesium stearate. The capsule shells contain gelatin, titanium dioxide, and one or more of the following: D&C Red #28, D&C Yellow #10, FD&C Blue #1 and FD&C red #40.

NEED INFORMATION OR HAVE A QUESTION?

This is only a summary of important information. Ask your doctor or pharmacist for complete product information. Go to www.Vyvanse.com. Or call 1-800-828-2088.

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This Medication Guide has been approved by the U.S. Food and Drug Administration.

02/07 LDXBS3







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I will not be a stroke victim.



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be at risk of having a morning blood pressure surge – also known as morning hyperten
which puts you at an increased risk of having a stroke. At Omron we want you to unde
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- Half of all strokes occur in the morning
- Women 45–54 have twice the risk of stroke than same-aged men

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What Memories Are Made Of

I haven't put a photo of my kids in an album since 1996, and some of their drawings are under several tons of trash in a Nashville landfill. But I do have a secret stash of sentimental treasures



Before I had kids I was a pack rat. This is a genetic trait. My mother's attic contains more stuff by both weight and volume than her actual house oes, and you should see her house. Suffice to say, if you want to know how a troubled arriage was saved in the July 1984 issue of *adies' Home Journal*, you might want to eck my mother's coffee table, which conins several cubic yards of old magazines.

Not that I'm complaining. I inherited ie impulse to hang on to useless bits of otsam, even though I myself didn't grow p on a struggling farm during the Great)epression or endure the privations of /orld war. Still, in my own attic you could nd every note that was ever passed to me i the eighth grade, a large box containing every article I ever wrote for a student newspaper and every poem I inflicted on a school literary magazine. And the wedding/honeymoon/schoolteacher detritus from my pre-parenthood years? That stuff has its own attic wing.

The thing is, I don't save every letter and every birthday card and every draft of every poem anymore. That all stopped when I had children. Specifically, it stopped when I was pregnant with Joe, my third child. One day in the middle of my last trimester I hauled my heft up the attic ladder while I still had a prayer of fitting through the opening. When I had all the baby equipment spread out and saw how much more gear I needed to squeeze into my smallish house—crib, changing table, rocking chair, baby clothes, about 3,000 stuffed animals—something in me snapped. Unable to see my own feet, I was already taking my life in my hands whenever one of my existing kids woke up crying at night and I had to navigate around so many Lego and Tinkertoy obstacles in the dark. What was it going to be like in this pack rat's nest with another person's belongings spilling onto our floors?

Since then, whenever I find something that in the old days I would have shoved into the attic—outgrown clothes and toys, unwelcome gifts—I save it for the first charity that calls asking for donations. Twice a year, when the kids are at CONTINUED

school, I go through their closets and throw out every Happy Meal toy and anything missing a wheel or an arm. Much artwork that another mom would hang on the refrigerator I look at, praise lavishly and then—when the artist is asleep—sneak into the recycling bin.

Mostly this is a sane policy when five people share limited space. But my children rarely welcome a sane family policy, particularly where their "treasures" are concerned. Just about every day they catch me in some fresh outrage that goes like this:

Joe: "What happened to that great picture I drew of the Jedi fighting all those stormtroopers?"

Me: "*Um*, I thought you were finished with it."

Joe: "I am finished drawing it. But now I want to hang it up."

Me: "Well, I'm not sure where it is anymore."

Joe: "You threw it away, didn't you?"

Me: "I didn't actually throw it away, honey, but I might've possibly set it down with some other papers that could've wound up in the recycling bin."

Joe, tearing up: "*M-o-m!* That was a good picture! How would you feel if I went around throwing away your good stuff?"

The most precious items are the ones I can't part with

All I can say in my own defense is that this child draws "a good picture" every day of his life. The walls in our house are covered by the good pictures that he and his brothers have drawn over the years and that they aren't willing to take down to make room for the new. Bill Gates doesn't have the wall space to display all this art.

And that's just the case of the purloined papers, which actually linger in the family room for a few days before I try to spirit them away. It gets worse with three-dimensional objects, which take up whole tabletops and which I tend to toss out before the glue is fully dry. Sam, our budding scientist, will reminisce about his first taxonomy project, and I'll have to admit—because, at 15, Sam's perfectly able to tell when I'm lying—that it's now under several tons of trash in a Nashville landfill.

It doesn't help that my kids have recently discovered I never wrote a single line in any of their baby books, and that I haven't put a picture in an album since 1996, when Henry was born and suddenly the pictures doubled. Who could possibly take care of two kids, much less document their every move and keep it all organized, too?

Okay, some mothers do. My sister is one of them. Lori has a whole closet filled with all the materials she needs to create beautiful scrapbooks for each of her children: pinking shears, rulers, colored paper, die cutters and templates, decorative borders, photo corners, bright stickers, double-sided tape. She even made a scrapbook for Joe, her godchild, that features every major occasion of his life so far.

But it's really only the wrecked race cars and the millionth drawing of a Jedi starfighter that I ditch completely. I do have a secret stash of precious items. They aren't organized or carefully labeled or beautifully showcased, but beneath my bed there are three huge plastic containers—one each for Sam, Henry and Joe—and inside are all the treasures I can't bear to part with: locks of baby hair; lost teeth; growth charts from the pediatrician; First Communion cards; field day ribbons; letters to Santa; Thanksgiving turkeys made from a tiny, painted hand pressed onto construction paper; lucky pennies; love notes from little girls; book reports; homemade valentines; even a couple dozen Jedi starfighters. I don't show them to my children because I don't want them to know—not yet, though Joe is the only believer left—that Santa Claus doesn't really save their letters. But I look through those boxes some nights after the kids are in bed, just to finger the trail my babies left me, like bread crumbs through Hansel and Gretel's forest, as they were busy becoming big boys. Every now and then I'll pull out a crooked little card and set it on my desk so I can read the inscription again and again: "To the best Mommy in the hole wurl."

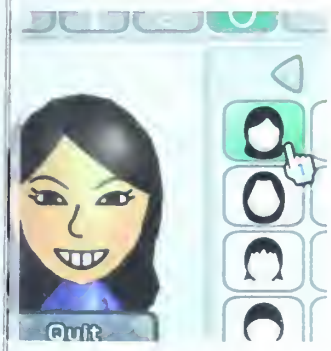
In the end, I guess, I'm more of a recovering pack rat than a reformed one. I'm not my mother's daughter for nothing.

Your Life as a Mom



Join the lively community of mom bloggers at LHJ.com, where mothers across America are writing, laughing and supporting one another. Read about moms like you, then start your own blog at WWW.LHJ.COM/MOMBLOG





My Wii story – [illegible] "I've never been a fan of video games. But Wii is so interactive and it gets everyone involved. We really like playing together as a family so we quickly moved it from my son's room to the living room. We even like making Mii characters together. They're funny and we get a kick out of describing each other. I took a crack at making my own Mii. Then my kids told me it wasn't 'pretty enough' and made it better. I thought that was sweet. They were just so happy I was interested in a video game."

ll us your Wii story @ [illegible]wii[illegible].com

Wii

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What's in a Nickname?

For husbands, "terms of endearment" for wives are a goofy but heartfelt habit



"So, what do you call your wife?" I've been asking my guy friends. "I mean, what do you call her to her face?"

I know how these guys refer to their wives in the post-game whirlpool. Some use first names. Most say "my wife" or "*the* wife"—just one tiny difference, but it makes all the difference in the world. Occasionally you'll hear an older man in the locker room refer to "my bride." You rarely hear "old ball and chain," because I'm not sure anyone knows what a ball and chain is anymore, and "old house-arrest electronic anklet" just doesn't have the same ring to it.

But nobody uses his pet name for his wife around the guys—or anyone else. It's private.

Intimacy it's beyond private. It's the key to the world of per- privileged communications between husband and wife. In our lives, it's more intimate than discussing our sex lives. That's why I really don't expect these guys to tell me what they call their wives, their versions of "snookums" "pookie," "pooh bear," pet names and terms of endearment that sound right only when said to one's spouse. And if they asked me, I'm not sure how I would feel about telling them mine, either.

First of all, I don't have just one nickname. In 20 years of marriage there have been dozens of them, maybe scores. Some are completely situational and last an hour or a day. Some last forever and spawn endless permutations. Occasionally one has to be retired. (One husband has a whole list of silly, endearing names for his wife, all starting with "pumpkin," but he was recently requested to stop using "Pumpkin Pants.") In fact, there are so many nicknames that on those rare occasions when my wife and I actually say our *given* names out loud, it sounds kind of odd. And it's almost never for a good reason—it either means one of us is really mad at the other or we're at the admissions desk in the emergency room.

I'm fascinated by nicknames because I believe them to be a leading indicator of the health of a relationship. Couples who do not have nicknames for each other are doomed. Couples who are still using only the nicknames they developed during their courting days need new ones. And I'm curious about the couples who, at some point in their marriage, switch from the names they call each other privately to the names they use around their kids—the ones who call each other "Mom" and "Dad" when they're alone. (I know one couple who call each other "Big Momma" and "Poppa," but only when they're talking about each other to their dog.)

CONTINUED

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U.S.ARMY



From L to R, Kay Miller, Jim Miller, SPC Lia Miller

STRONG MOMS

Celebrating the strength of one special "Army Mom"

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

Kay Miller of Fergus Falls, Minnesota, is a hero to many—her friends, family, former nursing colleagues and especially to her daughter, Army Spc. Lia Miller, who describes her mom as a "great listener, friend and role model."

When Kay's only child decided to join the Army as a flute player in the 113th Army Band, Kay admits that the news was "jaw dropping."

Yet, as time has passed, Kay has come to admire her daughter's strength and her decision to pursue her lifelong passion for music and for making a difference as a member of the U.S. Army.

Kay is a pillar of strength to so many. Her husband Jim relies on her for her patience, selflessness, passion for helping others, and active (in her kindness [not to mention hurriedly work around the house])! Kay holds her family together during tough times and the challenges of life as an Army Mom.

For this and everything she does, we salute Kay Miller and all other "Strong Moms"!

To learn about other strong moms, visit goarmy.com/for_parents

Photo by Anderson Photography, Fergus Falls, MN.

According to researchers, husbands do more marital nicknaming than wives. This may be because the silly pet name is about as far as most men will go when it comes to intimacy. (This might also explain why so many guys use the same terms of endearment—and what the hell is a "snookums" anyway?) Also, men resist accepting cutesy nicknames. Maybe we like using a form of baby talk *with* our wives, but we don't like hearing it back.

While I heartily encourage husbands to nickname their wives early and often, I am troubled by another type of naming that comes up in relationships—the naming of body parts. Men who have names for their sexual organs scare me. (This has its roots in summer camp: After a card trick involving a mechanical snake named Oscar, my counselor went out, got ripped and at 2 in the morning could be seen buck naked on a cabin roof, waving and yelling "Oscar, bring me my card!") Diane says I'm the only guy she ever went out with who didn't have names for her breasts. I don't understand this. I know couples develop euphemisms over the years for having sex ("You want a back rub?"). But is asking to see "Chuck and Larry" really a viable seduction technique? (Breast names have been changed to protect owners' privacy.)

I also wonder what happens to pet names when a relationship breaks up. When Diane and I were first dating, her mischievous younger sister not only shared photo albums from her previous marriage with me but told me her nicknames from previous relationships. When I want to tease her they come in handy. But when my guy friends get divorced—as a few have recently—I always wonder whether they will be creative enough to think of new pet names when they start dating again or will just recycle the ones they're already used to. Men are great at finding new ways to be lazy. And since it's recycling, Al Gore will approve.

As for me, I keep up a steady rotation of early nicknames, recent nicknames, hyphenated nicknames (two old ones or an old and new one genetically spliced), anything I can think of. I think the more things married people say to each other that only make sense to the two of them, the better. Our grandparents usually had an idiom from the old country they could retreat into; in my family, it was Yiddish. Some of today's couples don't have that, but we can make up our own language, turning our names for each other into some kind of lovey-dovey poetry slam.

As for our actual nicknames for each other, you'll notice I have smoothly avoided revealing them. That's because Diane turns out to be even more squeamish than I am about sharing our vocabulary of pet names. There are probably a lot of wives who would be happy to admit that their husbands call them "lamb-chop," "candylegs" or "doodiekins." Diane is not one of them. She has put up with my revealing everything from sexual frequency to dirty laundry for a national audience. But now she's drawing the line. And I'll have to trust her instincts. Because after all, she is my little . . . .

LHJ.com

Hear Stephen Fried talk about his new book, *Husbandry*, a compilation of his *Ladies' Home Journal* Heart of a Husband columns, at **www.lhj.com/fried**


THE MOST IMPORTANT DECISIONS START WITH THE MOST IMPORTANT PEOPLE.
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vate Matthew Bryan
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Your quitting journey begins when you make an appointment with your doctor.



Tell him or her you're determined to quit smoking.

Say you've heard prescription Chantix (varenicline) can help you get on the quitting road. More than likely, your doctor will offer encouragement and answer any questions you may have.

Chantix offers a 2 part approach:

1. The prescription Chantix (varenicline) helps keep nicotine from reaching key receptors in the brain.
2. Besides relying on your doctor's support, behavioral support programs are important. Reach out for our 52-week program. It's just a call or click away.



If you're ready to quit, Chantix can help. It can effectively reduce that urge to smoke. Studies show 44% reached their quitting goal at the end of 12 weeks on Chantix (vs. 18% on placebo).

Ask your doctor how Chantix can help get you on the quitting road.

Log onto chantix.com or call 1-888-CHANTIX.

CHANTIX is one treatment option you and your doctor can consider. The most common side effects include nausea (30%), trouble sleeping, changes in dreaming, constipation, gas and/or vomiting. If you have side effects that bother you or don't go away, tell your doctor.

CHANTIX is for adults and should not be taken with other quit smoking medicines. You may need a lower dose of CHANTIX if you have kidney problems or get dialysis.

Before starting CHANTIX, tell your doctor if you are pregnant, plan to become pregnant, or if you take insulin, asthma medicines or blood thinners. Medicines like these may work differently when you quit smoking.

Please see important patient summary of information on the next page.

prescription
CHANTIX
(varenicline) TABLETS

It's all about getting there.



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Pfizer Helpful answers

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IMPORTANT FACTS

CHANTIX (varenicline) TABLETS (Chan-tix)

ABOUT QUITTING SMOKING

Quitting smoking is hard for most people because:

- Nicotine in cigarettes causes physical addiction.
- Some psychological and emotional triggers can make you want to smoke.

Talk to your doctor about ways to help you quit smoking, including counseling and support programs.

ABOUT CHANTIX

- CHANTIX is a prescription medicine that helps adults stop smoking.
- In studies, it reduced the urge to smoke.

BEFORE YOU START USING CHANTIX

Tell your doctor about all your medical conditions.
Tell your doctor if you:

- Have kidney problems or get kidney dialysis. You may be prescribed a lower dose of CHANTIX.
- Are pregnant or plan to get pregnant. CHANTIX has not been studied in pregnant women. It is not known if CHANTIX can hurt your unborn baby. It is best to stop smoking before you get pregnant.
- Are breast-feeding. Although not studied, CHANTIX may pass through breast milk. Talk with your doctor about other ways to feed your baby if you take CHANTIX.

Tell your doctor about all your medicines. Include over-the-counter medicines, vitamins, and herbal products. Be sure to tell your doctor if you take:

- insulin
- asthma medicine
- blood thinners

When you stop smoking, your dose of these medicines may need to change.

POSSIBLE SIDE EFFECTS OF CHANTIX

The most common side effects of CHANTIX are:

- nausea
- [illegible] trouble sleeping, changes in dreaming)
- [illegible]
- gas
- vomiting

Tell your doctor if side effects bother you or do not go away. There are other side effects of CHANTIX. For more information, talk with your doctor or pharmacist.

Use caution driving or operating machinery until you know how quitting smoking and/or CHANTIX may affect you.

WHO IS CHANTIX FOR?

Who should use CHANTIX:

- Adults who want to stop smoking

Who should NOT use CHANTIX:

- Anyone who is allergic to varenicline tartrate (the active ingredient in CHANTIX) or anything else in CHANTIX
- CHANTIX has not been studied in patients under 18 years.

HOW TO USE CHANTIX

1. Choose a **quit date** to stop smoking.
2. Start CHANTIX 1 week (7 days) before your **quit date**.
   - You can smoke until your **quit date.**
   - Stop smoking *on or before* your **quit date**.
3. Take CHANTIX after eating. Take CHANTIX with a full glass (8 ounces) of water.
4. Take CHANTIX for up to 12 weeks.
5. If you have completely quit smoking by 12 weeks, ask your doctor if another 12 weeks of CHANTIX will help you stay quit.
6. Do not stop taking CHANTIX. Even if you slipped up and smoked, you can keep taking CHANTIX. Some people need a few weeks for CHANTIX to work best.

HOW TO TAKE CHANTIX

CHANTIX comes as a white tablet (0.5 mg) and a blue tablet (1 mg).

- Take the white tablet the first 7 days (first week).
- Take the blue tablet for the rest of the treatment.

Day 1 to Day 3	***white*** tablet: 1 tablet each day
Day 4 to Day 7	***white*** tablet: 1 in the morning AND 1 in the evening
Day 8 to end of treatment	***blue*** tablet: 1 in the morning AND 1 in the evening

- This dosing schedule may not be right for everyone. Talk to your doctor if you are having side effects such as nausea or sleep problems. Your doctor may want to reduce your dose.

NEED MORE INFORMATION?

This is only a summary of important information. Ask your doctor or pharmacist for complete product information, *or*

- Go to **www.CHANTIX.com**, *or*
- Call **1-877-CHANTIX (877-242-6849)**.

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He's Her Hero

A plucky stray makes a remarkable rescue—and in the process finds his mission in life

Late one night last January Shannon Lorio, 37, was driving down a winding back road in Georgia. Fresh from an argument with her husband, she was steaming mad and, by her own admission, driving so fast she lost control of her car and crashed into a wooded ravine. She was thrown through the back window of her Buick LeSabre and landed on its trunk. Bruised, dazed and suffering from what she would learn later was bleeding in her brain, Lorio soon sensed a presence nearby. She turned her head, spotted what appeared to be a wild animal and panicked, fearing that it might attack her.

The creature was, in fact, a year-old German shepherd who had lived most of his young life at the end of a chain or in a small pen, confined by two separate owners who had failed to [illegible]. In January 2006 the dog managed to escape. When he [illegible] to he had been wandering the countryside. Workers at a local steel plant sometimes spotted the skinny dog and, perhaps, gave him food.

But [illegible] attacking Lorio the dog was on a rescue mission. He jumped in the trunk, licked Lorio's face and pulled her off the car. Realizing his good intentions, Lorio allowed him to drag her by the shoulder of her leather jacket through 50 yards of brush to the road. A passing motorist saw them, stopped and called for help.

Even when the ambulance arrived the dog would not leave Lorio's side, witnesses reported. Lorio told them that the German shepherd was not hers and had appeared out of nowhere, so they called an animal-control officer from the Thomasville-Thomas County Humane Society shelter. When he transported the dog there, he told his colleagues the remarkable story.

Shelter staff began calling the new arrival "the hero dog." Soon he was just Hero. Kim Arrington, the shelter's director of operations, says he's exceptional. Most stray dogs, she says, bolt when they hear a noise like a car crash. "Something drove Hero to that crash. It's as if he has a CONTINUED



Most dog foods contain animal by-products and things you'd never feed your family.

How can you be sure?

Before you say "my dog's food has no animal by-products," take a minute to read the ingredients. You'll probably be surprised to learn that you're not feeding him as well as you thought you were.

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BLUE has no animal by-products or artificial preservatives, just the finest natural ingredients like high-quality protein, wholesome whole grains, garden veggies and fruit... things you'd have on your family's shopping list. Plus, BLUE contains unique LifeSource® Bits that are filled with nutrients and antioxidants for an extra measure of protection.

Compare Your Brand to BLUE™

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All Natural*	✓	?
NO ANIMAL BY-PRODUCTS	✓	?
NO CORN, WHEAT OR SOY PROTEIN	✓	?
GLUTEN-FREE	✓	?

...with vitamins and minerals.

Compare the ingredients of your dog's food to BLUE™ and get a free sample at **www.BlueNaturalDog.com.**

Be TRUE. Feed BLUE.

0 ue Buffalo Co., Ltd.

sixth sense that tells him when he's needed," says Arrington.

Experts say dogs detect danger by picking up the scent of fear given off by a frightened victim. Hero's sense of smell may have led him to the scene of the crash, but he didn't stop there. When he went on to rescue Lorio, Hero offered insight into the biological nature of dogs, says zoologist Patricia McConnell, Ph.D., author of *For the Love of a Dog*.

"Dogs appear instinctively to have strong, deep relationships," explains Dr. McConnell. "They are one of few animals that are as highly social as people." Like humans–but unlike most other mammals–they don't care for just their own young but also other members of their group, Dr. McConnell adds. It's likely that when Hero sensed Lorio's vulnerability, he transferred to her his instinct to protect the other members of his pack.

At the shelter, Arrington ran a notice in the local newspaper that brought forward Hero's owner. The owner had not advertised his loss up to that point and, agreeing that Hero needed a better life than she could give him, surrendered him to the shelter for adoption. Lorio, who already had a houseful of kids and dogs, did not feel she could take Hero in. But, she says of the dog who saved her life, not doing so "broke my heart."



From left: Michael and Heidy Drawdy, Hero and Sherman Lorio

Lorio was relieved to learn that Arrington's next step would be to call a local woman, Heidy Drawdy, who is a member, along with her husband, Michael, of South Georgia Search Dogs. This group is made up of volunteers who use dogs to help law enforcement officers locate missing people, and Arrington thought Hero would be a perfect addition to the team.

"I was happy because I wanted Hero to be able to [illegible] for others what he had done for me," Lorio says.

Drawdy, 50, a veterinary technician and obedience trainer who describes herself as "passionate about animals being a positive [illegible] lives," was thrilled to bring the talented, if untrained, dog home and start building on his aptitude as a search-and-rescue animal. At the Drawdys' household Hero joined three other German shepherds, two standard poodles, a Chihuahua, five indoor cats and a macaw. Most are former shelter animals or strays. Housed in two barns and a shed are four horses, a goat and several well-fed outdoor cats.

Hero quickly became Drawdy's star pupil. In a few months, he moved from basic obedience training to complicated rescue drills, learning to work off-leash and cover a huge area, using smell and hearing to locate a missing person, then leading his handlers to that individual. Eventually Drawdy and Hero will join the South Georgia Search Dogs team on real rescue efforts.

Hero is already a celebrity. In February the American Humane Association gave him its Golden Paw Award for bravery, a rare honor it bestows to illustrate the powerful bond between people and animals.

It's a connection that Lorio thinks of on her weekly visits to Drawdy's office to see her Hero. When she looks into his deep-brown eyes, she says, she is reminded that the best thing we can do in life is love and help one other. "Hero taught me compassion," she says. "I used to get mad easily. Since the accident I know there's nothing worth getting so angry over. That night changed my life."

LHJ.com

Read more tales of hero pets who made a difference, and those who saved them, at www.lhj.com/pets

I'll never make it through that two-hour recital.

What if I'm the only mom who isn't there?

No, I've got to make it. Kate's counting on me.

If I get a migraine tomorrow...

Plus, I've got the presentation. Maybe Rich could do it?

Who am I kidding? Rich can't handle it. I'll just get it done.



Thinking about migraines even when you're not having one?

Maybe it's time for a change.

TOPAMAX can help stop migraines before they start so you can get fewer of them to think about. It's believed that TOPAMAX helps "calm" overexcitable nerve cells that start a migraine attack.

TOPAMAX works differently from the treatments you take at the first hint of a migraine. It's a daily prescription medication.

Talk with your doctor about what life is like with migraines and see if TOPAMAX is right for you. While migraines can't be completely eliminated, it just may be the change you're looking for.

TOPAMAX may cause side effects. Please see Important Safety Information below.

Visit **TOPAMAX.com** for tips on living with migraines.

Life shouldn't always revolve around migraines.

TOPAMAX®
(topiramate) Tablets

AMAX is approved for migraine prevention in adults only. TOPAMAX is not indicated to treat [illegible]

ORTANT SAFETY INFORMATION

us risks associated with TOPAMAX include lowered bonate levels in the blood resulting in an increase in the y of the blood (metabolic acidosis). Symptoms could in rventilation (rapid, deep breathing), tiredness, loss of appetite ular heartbeat or changes in the level of alertness. Call your or immediately if you get these symptoms. Your doctor may to do simple blood tests. Chronic, untreated metabolic sis may increase the risk for kidney stones or bone disease

r serious risks include decreased sweating, increased body erature, kidney stones, sleepiness, dizziness, confusion ulty concentrating, and increased eye pressure (glaucoma).

Please see important product information about TOPAMAX on adjacent page.

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...FORMATION
...Topiramax
...topiramate capsules) Sprinkle Capsules

...AT DO TOPAMAX TABLETS AND SPRINKLE CAPSULES LOOK LIKE?

...OPAMAX (topiramate) Tablets



...mg
...hite

50 mg
...ght-Yellow

100 mg
Yellow

200 mg
Salmon

TOPAMAX® (topiramate capsules) Sprinkle Capsules



Capsules are white and clear

Note: The pictures above show the shapes and lettering of TOPAMAX tablets and sprinkle capsules. The wording describes the strength and colors of the medication. Before taking your medicine, it is important to compare the tablets or sprinkle capsules you receive from your healthcare professional or pharmacist with these pictures to make sure you have received the correct medicine.

Please read this patient information carefully before you take TOPAMAX and each time you obtain a ref... in case any information has changed. This summary does not contain all the information about TOPAMAX and is not meant to take the place of talking with your healthcare professional. If you have any questions about TOPAMAX, discuss them with your healthcare professional or pharmacist.

WHAT IS TOPAMAX?

TOPAMAX is a prescription medicine used:

- alone to treat seizures in patients 10 years and older
- with other medicines to treat seizures in adults and children over age 2
- to prevent migraine headaches in adults

WHO SHOULD NOT TAKE TOPAMAX?

Do not take TOPAMAX if you are allergic to anything in it. See the end of this leaflet for a complete list of ingredients in TOPAMAX.

WHAT SHOULD I TELL MY HEALTHCARE PROFESSIONAL BEFORE TAKING TOPAMAX?

Tell your healthcare professional about all of your medical conditions, including if you:

- have kidney problems, especially kidney stones, or are getting kidney dialysis
- have a history of metabolic acidosis (blood and body fluid abnormality)
- have liver problems
- have osteoporosis (weak or brittle bones) and/or soft bones (osteomalacia) or decreased bone density (osteopenia)
- have lung or breathing problems
- have eye problems, especially glaucoma
- have diarrhea
- have a growth problem
- are on a diet high in fat called a ketogenic diet
- are having surgery
- are pregnant or planning to become pregnant. It is not known if TOPAMAX can harm your unborn baby
- are breastfeeding. TOPAMAX may pass into your milk. Talk to your healthcare professional about the best way to feed your baby while taking TOPAMAX.
- suffer from depression, mood problems or suicidal thoughts or behavior

Tell your healthcare professional about all the medicines you take including prescription and nonprescription medicines, vitamins and herbal supplements. TOPAMAX and certain other medicines can affect each other. Sometimes the dose of some of your other medicines or TOPAMAX will have to be adjusted. Especially, tell your healthcare professional if you are taking:

- other medicines that impair or decrease your thinking, concentration, or muscle coordination (e.g. central nervous system depressant medicines)
- birth control pills. TOPAMAX may make your birth control pills less effective. Tell your healthcare professional if your menstrual bleeding changes while you are taking birth control pills and TOPAMAX.

Keep a list of all the medicines you take. Show this list to your healthcare professionals and pharmacists before you start a new medicine.

HOW SHOULD I TAKE TOPAMAX?

- Take TOPAMAX exactly as prescribed. Your healthcare professional will usually start you on a low dose of TOPAMAX and slowly increase your dose until the best dose is found for you.
- TOPAMAX Tablets should be swallowed whole. Avoid chewing the tablets as they may leave a bitter taste.
- TOPAMAX Sprinkle Capsules may be swallowed whole or may be opened and sprinkled on a spoonful of soft food of any type. Examples are applesauce, custard, ice cream, oatmeal, pudding or yogurt. Do not store for later use. Be sure to make sure all of the food and medicine mixture is swallowed.
- Never store any medicine and food mixture for use at a later time.
- TOPAMAX can be taken before, during, or after a meal. Drink plenty of fluids during the day to prevent kidney stones while taking TOPAMAX.
- If you take too much TOPAMAX, call your healthcare professional or poison control center right away or go to an emergency room.
- If you miss a single dose of TOPAMAX, take it as soon as you can. However, if you are within 6 hours of taking your next scheduled dose, wait until then to take your usual dose of TOPAMAX, and skip the missed dose. Do not double your dose. If you have missed more than one dose, you should call your healthcare professional for advice.
- Do not stop taking TOPAMAX unless a healthcare professional tells you to stop taking TOPAMAX. Your healthcare professional will tell you how to slowly stop taking TOPAMAX.

WHAT SHOULD I AVOID WHILE TAKING TOPAMAX?

- If you are taking Topamax or other antiepileptic drugs for epilepsy or seizures, you may need to avoid activities where loss of consciousness (passing out) could result in serious danger to yourself or those around you (including swimming, driving a car, climbing in high places, etc.). Talk to your doctor before engaging in such activities.
- Unless prescribed by your healthcare professional, you should avoid other medicines that may impair or decrease your thinking, concentration, or muscle coordination (e.g. central nervous system depressant medicines).
- You should avoid drinking alcohol while taking TOPAMAX. Alcohol with TOPAMAX can have effects such as sleepiness and dizziness worse.
- Do not drive a car or operate heavy machinery until you know how TOPAMAX affects you. TOPAMAX can impair your thinking, motor skills, and/or vision.

WHAT ARE THE POSSIBLE SIDE EFFECTS OF TOPAMAX?

TOPAMAX may cause the following side effects which can be serious:

- **metabolic acidosis.** Metabolic acidosis is a condition that happens when there is too much acid in your blood. Metabolic acidosis can cause symptoms such as tiredness, loss of appetite, fast heartbeat, and impaired consciousness. **Call your healthcare professional right away if you have these symptoms with TOPAMAX.** Your healthcare professional should do a blood test (to measure the amount of serum bicarbonate) to monitor your bicarbonate level while you are taking TOPAMAX.
- **eye problems.** Serious eye problems include:
- a sudden decrease in vision (acute myopia) with or without eye pain and
- a blockage of fluid in the eye causing increased pressure in the eye (secondary angle glaucoma).

Call your healthcare professional right away if you have a loss in vision or get eye pain. Untreated eye problems can lead to blindness if not treated right away. Your healthcare professional may need to stop TOPAMAX and may recommend other therapy.

- **decreased sweating (oligohidrosis) and increased body temperature (fever).** Patients, especially children, should be watched closely for signs of decreased sweating and fever (increased body temperature), especially in hot temperatures. Some patients may need hospital treatment for this condition.
- **effects on thinking and alertness.** TOPAMAX may affect thinking skills and cause problems with concentration, attention, memory, and/or speech. TOPAMAX may cause depression, mood problems, tiredness, and sleepiness. Call your healthcare professional right away if you experience any of these side effects.
- **dizziness or loss of muscle coordination** in patients who take TOPAMAX alone or with other seizure medicines.
- **high blood ammonia levels and effects on mental activities.** High ammonia in the blood can affect your mental activities and decrease alertness, can make you feel tired or fatigued, or cause vomiting. This has happened when TOPAMAX has been used with a medicine called valproic acid (DEPAKENE® and DEPAKOTE®).
- **kidney stones.** Drink plenty of fluids when taking TOPAMAX to decrease your chance of getting kidney stones.
- **tingling of the arms and legs (paresthesia)** is a common side effect of TOPAMAX.

Other side effects with TOPAMAX include loss of appetite, nausea, a change in the way food tastes, diarrhea, weight loss, nervousness, aggression, upper respiratory tract infection.

Call your healthcare professional if you have any symptoms that concern you or that do not go away. These are not all the side effects with TOPAMAX. For more information, ask your healthcare professional or pharmacist.

WHAT SHOULD I DO IF I GET PREGNANT WHILE TAKING TOPAMAX?

It is not clear if there is a risk to the fetus/baby if you are exposed to TOPAMAX and you are pregnant. Various abnormalities have been described in the offspring of animals exposed to TOPAMAX during pregnancy. If you use TOPAMAX while you are pregnant, ask your healthcare professional about reporting your experience to the North American Drug Pregnancy Registry at Massachusetts General Hospital (Boston, MA). This registry collects information about the babies born to women taking drugs to treat various conditions. Information about the North American Drug Pregnancy Registry can be found at http://www.massgeneral.org/aed/. You can also join the registry by calling 1-877-376-3872.

HOW SHOULD I STORE TOPAMAX?

- Store TOPAMAX tablets in tightly-closed containers at room temperature, 59°F to 86°F (15°C to 30°C). Protect from moisture.
- Store TOPAMAX Sprinkle Capsules in tightly-closed containers at or below 77°F (25°C). Protect from moisture.
- **Keep TOPAMAX and all medicines out of the reach of children.**

General Information About TOPAMAX.

Medicines are sometimes prescribed for purposes other than those listed in Patient Information leaflets. Do not use TOPAMAX for a condition for which it was not prescribed. Do not give TOPAMAX to other people, even if they have the same symptoms that you have. It may harm them.

This leaflet summarizes the most important information about TOPAMAX. If you would like more information, talk to your healthcare professional. You can ask your health care professional or pharmacist for information about TOPAMAX that is written for health professionals. You can also visit www.topamax.com or call 1-800-526-7736 for more information.

WHAT ARE THE INGREDIENTS OF TOPAMAX?

Active Ingredient: topiramate

Inactive Ingredients:

- **Tablets** - contain lactose monohydrate, pregelatinized starch, microcrystalline cellulose, sodium starch glycolate, magnesium stearate, purified water, carnauba wax, hypromellose, titanium dioxide, polyethylene glycol, synthetic iron oxide (50, 100 and 200 mg tablets) and polysorbate 80.
- **Sprinkle Capsules** - contain sugar spheres (sucrose and starch), povidone, cellulose, ethylcellulose, gelatin, sorbitan monolaurate, sodium lauryl sulfate, titanium dioxide, and black pharmaceutical ink.

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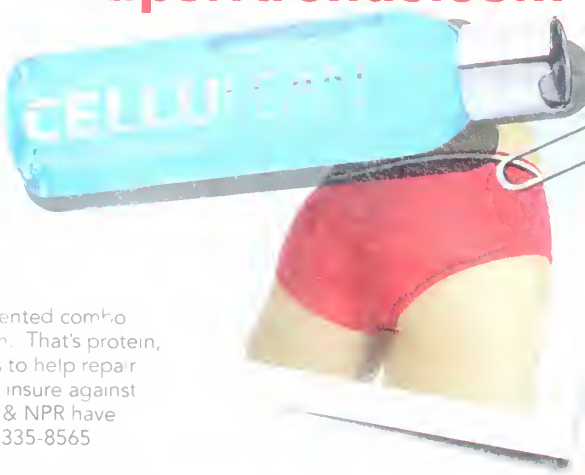


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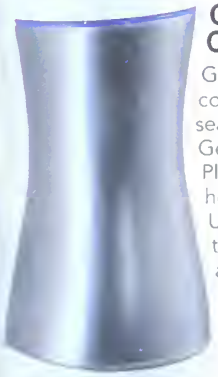
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Once More With Feeling

By
Sondra Forsyth

Everyone loves a love story, and here are five of them. These couples shared their feelings after they renewed their wedding vows last November at *Ladies' Home Journal*'s second annual Celebrate Your Love getaway, in the Bahamas. Here are their uplifting stories.

Jeannie & Terry Shiver

Married November 27, 1976
Renewed after 30 years
Pine Hill, Alabama

"We [illegible] racing [illegible] high school," says Jeannie. "And I won!" Terry, duly impressed, followed her to a pool hall after the race. "She had rolled down the window of her black 1966 Ford Fairlane 500, and I saw this beautiful girl with long black hair," remembers Terry, who works as an inspector for a railroad company. "I was driving my red 1974 Ford Pinto and was sure that I could outrun her. I couldn't, and the rest is history!"

They both slowed down considerably for their first date, though. This time, they rode bicycles. "We hit it off and started see-



A high-speed romance has lasted and lasted for Jeannie and Terry Shiver (shown at left in 1976 and above at their 2006 vow renewal ceremony)

ıg each other all the time," Jeannie says. hey were married less than a year later, on erry's 19th birthday. "We've had a wonerful marriage," she says.

Three decades later, with their daughter ıd son grown, the two agreed that someıing special was in order. "A vow renewal ip is so much more than a vacation," says annie, an office manager for a dental pracce. "We realized we'd have a great time, ıeet couples from all over the United States ıd repeat the promises we made when we ere very young."

The date of the trip—in the same month s their 30th anniversary—made up Terry's ıind: "Just like our meeting on the drag rip, the ceremony was meant to be."

Rosalie & John Atkinson

MARRIED OCTOBER 5, 1946
RENEWED AFTER 60 YEARS
MILLSBORO, DELAWARE



It was love at first sight for Rosalie and John Atkinson in 1946 (left). Six decades later (above) the two are still lovebirds

I WAS A WORLD WAR II G.I. BRIDE," ays Rosalie, with a hint of her native Irish ccent. "John was in the U.S. Navy, staoned near my home in Londonderry in 946, right before the war ended."

They met at a dance in July at a club for ritish and American servicemen. The roıance was, in Rosalie's words, "fast and ırious." John agreed: "Everything just eemed to click."

They wed in October, right before John eturned to the United States. She fol owed—crossing the Atlantic on a passenger hip with other war brides—after getting umerous permissions. She was soon busy aising two sons and one daughter, all now ı their 50s. "We have grandchildren and reat-grandchildren now," says Rosalie, 80. John, who will turn 80 in December, likes to say that he married an older woman. "And I'm sure glad I did," he adds.

After World War II, John went to work on the assembly line at a General Motors plant in Delaware but stayed in the Navy Reserve. When the Korean War came along he was called up and later decorated for bravery after being badly burned while attempting to save fellow sailors during a shipboard explosion.

"I was home alone in Delaware with a young child during the months he was at the Naval Hospital in Norfolk, Virginia," recalls Rosalie. "It wasn't easy." John made a full recovery, was discharged from the Navy with a rank of engineman second class in 1953 and went back to work at General Motors, where he eventually became a supervisor.

After 60 years of a mix of drama and bliss, the couple felt that they had plenty to celebrate. Says John: "Renewing our vows gave us the chance to count our blessings received during our many decades as husband and wife."

CONTINUED

Lisa & Tracy King

MARRIED JULY 7, 2001
RENEWED AFTER FOUR AND FIVE YEARS OF MARRIAGE
LEICESTER, NORTH CAROLINA





From formal wedding to casual vow renewal, married life has been dreamy for Lisa and Tracy King

Though Lisa and Tracy haven't been married long, they feel as though they've been a couple forever. "We were best friends as teenagers, then sweethearts," says Lisa, now 36. The pair dated for 13 years before Tracy, now 37, asked for Lisa's hand in marriage. Both sets of parents were excited, but Lisa's mother was particularly ecstatic, Tracy remembers.

In fact, their parents were so enthusiastic about the coming nuptials, they got involved in planning them. "I wanted a tropical destination wedding," admits Lisa, who is now a receptionist at a veterinary hospital. "But our moms and dads wanted us to have a traditional church wedding close to home." Since the couple had made their parents wait so long for them to tie the knot, they decided to honor their elders' wishes.

In retrospect, it was a good decision, says Lisa: "Everything about our first wedding was perfect, unless you count Tracy turning around in the middle of the ceremony and announcing to the guests that he was sweating bullets."

What Lisa and Tracy couldn't have known on that happy day was that two months after the wedding they would lose his father in a car accident and several years later her mother would succumb to ovarian cancer. The two are profoundly grateful that all four of their parents were able to share the day with them, says Tracy, who works as a printer.

In 2005, Lisa and Tracy reaffirmed their vows at *Ladies' Home Journal*'s ceremony in Jamaica—and had their tropical dream wedding at last. Lisa's mother learned of her diagnosis the following year, just as her daughter and son-in-law were arranging to go on the 2006 trip. Lisa told her mother that they'd stay home, but her mom responded, "Swim with the dolphins for me."

"We did," Lisa reports, "and when we got home we showed her both photos and videos of our experience."

Both Lisa and Tracy say that renewing their vows annually is something they intend to keep doing. It's an opportunity to "keep it fresh," says Tracy. Without children, they're also freer to travel than many couples. "We have more money at this point," says Tracy, "and we can't think of a better way to spend it than getting married again in a different place each year."

"We both feel we married our best friend," Lisa adds. "It just doesn't get any better than that."

CONTINUED



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Yolanda & Gordon Cox

MARRIED OCTOBER 13, 1991
RENEWED AFTER 14
AND 15 YEARS
CHICAGO, ILLINOIS

"[illegible] AND I MET AT A ROLLER rink in 1989," recalls Yolanda, 60, a retired police officer. "When he asked me out I turned him down. I had just divorced and wasn't interested in a relationship." The focus of her life, she says, was raising her son, at the time a 20-year-old college student.

Gordon, 59, a retired YMCA sports director, was also divorced with a son, a 16-year-old high school student. "I was attracted to Yolanda because she's athletic—she can skate fast! I had women chasing me, so I assumed she'd want to date me." When she declined, he thought, "The nerve of her!" and assumed she was playing hard to get.



Yolanda and Gordon Cox (at right in 1991) were both divorced when they met, and love has been sweet the second time around

Gordon did back off, but he didn't give up. He asked if they could meet at the local Adler Planetarium, a spot that he felt didn't imply they were dating as a nightclub or restaurant might have. "He's a Southern gentleman, and his demeanor appealed to me," admits Yolanda.

"I had to prove to her that there are good men out there and that I'm one of them," remembers Gordon. "She did agree to see me, and I wasn't pushy. As I recall, I didn't even kiss her for the first six months."

It took two years for him to win her trust and her heart. "In 1991 we were married in a church wedding with more than 300 guests. Since then our life together has been a joy," says Yolanda, who calls Gordon "the love of my life." Their first vow renewal ceremony in 2005 in Jamaica, was an expression of that happiness. "The experience was so moving, like sealing our love," she says. "It was another chance to gaze into each other's eyes and enrich our love for each other."

With both of their sons grown and out of the house, Yolanda and Gordon are empty nesters. This new living arrangement has brought them closer and made them more romantic than ever.

"We love our boys very much," says Yolanda. "But now that we are alone and also retired, we have time for intimacy in a way we never did before. When Gordon is out I can't wait for him to come home. I spruce up, and when he comes through that door, I thank God he wouldn't take 'no' for an answer."

CONTINUED

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Lori & John Elmer

MARRIED DECEMBER 18, 1981
RENEWED AFTER 24 YEARS OF MARRIAGE
METAIRIE, LOUISIANA





Restating their vows helped Lori and John Elmer (above in 2006, at right in 1981) heal after Hurricane Katrina

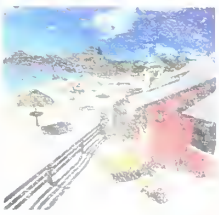
"[illegible] RENEWAL TRIP WAS A fantasy come true," says Lori, 47. Everything about it made up for the way she and John spent their wedding night 24 years earlier. She was 21, he was 22, and to save money, says Lori, they'd rented a house from a relative for their honeymoon. "The day of our wedding, the temperature plummeted to 27 degrees," Lori recalls. "When we got to the house at midnight after the reception, we found that the heating system didn't work. We nearly froze to death!"

That less-than-ideal start as husband and wife was one reason they felt they deserved a warm and wonderful second honeymoon, says Lori. Another compelling reason to get away, adds John, 48, was the need to relax and develop a fresh perspective on life after a series of devastating events. He, his wife and their daughter barely escaped New Orleans ahead of Hurricane Katrina (their son was in college in Florida, out of the storm's path). The family spent the next six months living on inflatable mattresses in a rented apartment in Baton Rouge.

After they returned to clean up their home, which had survived the storm, depression set in, recalls Lori, as it did for many New Orleans residents. Then Lori's mother's bladder cancer diagnosis and the death of John's aunt owing to complications following heart surgery piled on even more stress.

The vow renewal sounded remarkably like a tonic to the Elmers. They and longtime friends who were also fellow Katrina survivors decided to head together to the Caribbean. The event was especially meaningful for John and Lori since its date fell close to both their 25th wedding anniversary and their daughter's departure for college. The couple felt that restating their love would be the perfect start to their new stage of life—and a way to prove that young love not only can last but also deepen as time goes by.

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BY CYNTHIA HANSON

Where There's a Will...

...there's a way for there to be potential conflict. Take these steps to make sure your parents' wishes for your inheritance don't go unfulfilled



When your aging parents pass away, will you and your siblings be treated equally? Which of you will inherit the art deco diamond ring or lushly framed antique wedding photos? And what if a parent is remarried: Will a second wife or husband be able to claim a right to money you believe is yours? These can be painful and awkward issues to probe. Nevertheless, having a conversation with parents about their will—starting with whether they even have one—is vitally important, and not at all selfish or mercenary. Most parents want their adult children to be treated fairly after they die, but those wishes could easily go unmet if no will exists or it's written in a way that's vague, incomplete or otherwise faulty.

Here are common mistakes made when drafting wills—and the legal steps you should encourage your parents to take so that your inheritance is protected and a host of headaches doesn't befall their legacy.

1 WORST-CASE SCENARIO Your father wills his entire estate to his second wife.

WHAT CAN HAPPEN You could end up with nothing when your stepmother passes away. That could be exactly what your father wanted—or not. Your father may have innocently assumed that his second wife would bequeath the remaining assets to you and your siblings upon her death, perhaps because that's what they discussed. But if it's not written in the will, she's under no legal obligation to do so. "Surviving spouses can leave inherited property to whomever they please—a new wife or husband if they remarry or their children from a previous marriage," says Michael D. Whitty, a partner in the trusts and estates practice at Winston & Strawn, a Chicago-based law firm.

WRITE IT RIGHT If your parents are divorced and remarry, CONTINUED ON PAGE 100



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it makes sense that they'd want to provide for their new spouse and their grown children. To ensure that both things happen, they shouldn't leave their separate assets to their new husband or wife outright. Instead, encourage them to write a will that says the investments will be held in a "testamentary trust" for your stepmother or stepfather's use during their lifetime and then pass directly to you and your siblings upon his or her death, Whitty advises. All kinds of property can be placed in such a trust, including real estate. To protect these assets for future generations, your stepparent should be named the beneficiary but not the trustee of the trust. (The trustee can be an individual or an institution, such as a bank.) In this way, your stepparent can live in the house and use the interest from the investments for living expenses, but can't manage the investments or sell them. The principal will be preserved for you and your siblings.

2 WORST-CASE SCENARIO

Your widowed mother dies, and her will says that all of her money and property should be divided equally between her two children. But you and your sister are fighting over who gets the jewelry and china—and now you're not speaking.



WHAT CAN HAPPEN The potential for family rifts is great when parents haven't spelled out in their will who gets what in the way of prized heirlooms. "Since these items often have more sentimental than monetary value, siblings will tell each other, 'Mom always wanted me to have this grandfather clock' or 'This bracelet is how I will remember Mom,'" says Ryan M. Bornstein, an attorney with Harvey Ballard & Bornstein, in Berwyn, Pennsylvania, and an adjunct professor of law at Villanova University School of Law. "But some people will fight over an item because one thinks that, say, a ruby ring is worth more than the sapphire earrings."

WRITE IT RIGHT There are two ways your parents can ward off squabbles (and possible permanent estrangement) among their children after they're gone: Ask them to list all of their personal property in their will or in a memo attached to it (jewelry, furniture, china, crystal, artwork, collectibles, clothing, etc.) and name the person who is to receive each individual piece, rather than simply say that it should be split equally. Or suggest that they give you and your siblings the special items while they're still alive. "The benefit of making a very specific and comprehensive list of personal belongings is that there will be fewer things for heirs to fight over, and there's more likelihood that the parents' wishes will be followed," Bornstein says. "And the benefit of giving away personal property during life is that your mother can see you wearing her favorite necklace."

3 WORST-CASE SCENARIO

Your widowed mother added your brother's name as "joint tenant" of her mutual fund investment account so he could help her manage it. Her will said that the two of you should split everything 50–50, but now that she has died he's not sharing the account's assets.

WHAT CAN HAPPEN Your brother is entitled to keep it under the right of survivorship. "It's very common for elderly parents to put an adult son or daughter's name on a checking or any other kind of account for the convenience factor of allowing their child to help them pay bills," explains Bornstein. "Plus, many of them wrongly assume that it will save their child from paying federal estate taxes down the road."

So how would you get your fair share from your brother? "You'd have to ask a judge to determine whether your late mother put his name on the account for convenience or because she intended to give it to him when she died," says Rebecca Rosenberger Smolen, a partner with the Philadelphia law firm Wolf, Block, Schorr and Solis-Cohen. You're not guaranteed to win in court—it's difficult to prove what your mother had in mind—but you are assured of high legal CONTINUED

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WRITE IT RIGHT Urge your elderly parents to create a "financial power of attorney," a written document in which they authorize an adult—usually an adult child—to be their "agent" who can act on their behalf in financial matters if they become physically or mentally incapacitated and can't carry out their affairs. If they balk, ask them to put all their children's names on their financial accounts as "joint tenants" as this will ensure that the estate is ultimately divided equally (assuming, of course, that equal division is what your parents want) and sibling squabbles are avoided. If they place all their children's names on the account and one of the siblings dies, however, the remaining children will split the money—and the deceased child's sons and daughters won't be entitled to a dime.

"Power of attorney is far better than joint tenancy, because it avoids the thorny question of what was intended by the parent, and it allows a parent the flexibility to change his or her mind about how to dispose of the property at death," Smolen explains. "Once property is in joint names, technically the other joint tenant—or tenants—has a vested right in the property. Also, in cases in which the accounts are quite large, your parent may owe gift taxes upon the creation of the joint tenancy."

Finally, a power of attorney isn't just for the elderly. If you don't have one and if either your husband or you become disabled at any point in your life, neither of you can automatically make financial decisions for the other. Instead, the healthy spouse would need to petition the court to be appointed guardian—a time-consuming and expensive ordeal. Most people name their spouse as their agent and designate a relative or close friend as a backup in case the couple becomes incapacitated together. A minor can't be an agent.

4 WORST-CASE SCENARIO Your father leaves you a hefty inheritance, but the money gets tied up in probate.

WHAT CAN HAPPEN In some states the probate process is simple and may take only a few months with minimal expense. But in other states, such as California and Florida, it's cumbersome and costly. "If there are no complications, you'll get your money within a year, but sometimes it can take two to three years," says Steven Trytten, a founding partner of Anglin, Flewelling, Rasmussen, Campbell & Trytten, in Pasadena, California.



In California the legal fees and expenses to probate an estate are generally determined on the basis of the size of the estate. For example, an estate of $500,000—a modest one, given the high cost of property in California—would cost about $16,000 to probate, according to Trytten. If the $500,000 estate consists of a $1 million house subject to a $500,000 mortgage, however, the costs are calculated on the basis of the full $1 million value, resulting in a bill of $27,000.

WRITE IT RIGHT If your parents live in a state with burdensome probate procedures (ask a local attorney to find out whether their state is one), encourage them to consult a lawyer about transferring their property into a "revocable trust" that works like a will but is designed to allow the administration of the estate outside of probate court. So during a person's lifetime, the trust owns his property and assets, and when he passes away, his assets are administered without court supervision, which is less costly. Most of the language that might normally appear in a will appears, instead, in the revocable trust; a short will (often called a pour-over will) is also prepared to make sure that if for some reason an asset doesn't end up in the revocable trust, it can pass under the will to it.

"This precaution ensures that all property will eventually end up in the revocable trust but does not avoid a probate with respect to property that was not already in the revocable trust," Trytten explains. It's vital for people to create an inventory of assets when they draw up the estate plan—and again every time it's reviewed and updated—to ensure that each asset is in the right place. A few years ago Trytten represented a woman whose late husband had assigned all of his assets to a revocable trust, except for a $100,000 bank CD that he owned individually. The result? The widow couldn't get the money for a year, and she paid nearly $5,000 in legal fees and expenses by the time the probate had been completed. "If the bank or her husband had been paying better attention, the problem could have been fixed and probate could have been avoided," Trytten says. "In the abstract, a year's delay may not sound too bad—unless you really need the money. But for a surviving spouse who needs closure to move on with her life, a year can be an eternity."

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A CHANGE OF HEART

At only 33, Lisa Savarese was near death when a grieving family she'd never met made the emotional decision that saved her life

Lisa and Vinnie Savarese, holding 1-year-old twins Alexa Rose (left) and Samantha Danielle, with their maternal grandmother, Elaine Ingrisano (top left), and honorary grandparents, Diane and Paul Gianadda (top center and right)

By Margaret Renkl

Photographed by James Rexroad

Next to the baby monitor on Lisa Savarese's bedside table in Freeport, New York, are no fewer than 21 framed photos. Most display the sort of pictures you'd expect of a mother of four: shots of husband Vinnie, 40; their 1-year-old twins, Alexa Rose and Samantha Danielle; and Lisa's children from her first marriage, Joseph and Nikki-Taylor, 14 and 12. But nestled among these family portraits is an unexpected image: a portrait of a handsome, dark-eyed teenager wearing a crucifix. He is Daniel Gianadda, and he died in 1999 on the day of his high school graduation. It is his heart that beats within Lisa Savarese's 40-year-old chest. Without Daniel, Lisa's adorable, high-energy toddlers would never have been born.

Until she was 28, Lisa had no reason to dwell on the health of her heart. But in December 1994, nearly a week after she brought newborn Nikki-Taylor home from CONTINUED ON PAGE 108

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To manage these side effects while you are taking this medicine:

- When you first start taking Ambien CR or any other sleep medicine until you know whether the medicine will still have some carryover effect in you the next day, use extreme care while doing anything that requires complete alertness, such as driving a car, operating machinery, or piloting an aircraft.
- NEVER drink alcohol while you are being treated with Ambien CR or any sleep medicine. Alcohol can increase the side effects of Ambien CR or any other sleep medicine.
- Do not take any other medicines without asking your doctor first. This includes medicines you can buy without a prescription. Some medicines can cause drowsiness and are best avoided while taking Ambien CR.
- Always take the exact dose of Ambien CR prescribed by your doctor. Never change your dose without talking to your doctor first.

SPECIAL CONCERNS

There are some special problems that may occur while taking sleep medicines.

"Sleep-Driving" and other complex behaviors: There have been reports of people getting out of bed after taking a sleep medicine and driving their cars while not fully awake, often with no memory of the event. If you experience such an event, it should be reported to your doctor immediately, since "sleep-driving" can be dangerous. This behavior is more likely to occur when Ambien CR is taken with alcohol or other drugs such as those for the treatment of depression or anxiety. Other complex behaviors such as preparing and eating food, making phone calls, or having sex have been reported in people who are not fully awake after taking a sleep medicine. As with "sleep-driving", people usually do not remember these events.

Memory problems: Sleep medicines may cause a special type of memory loss or "amnesia." When this occurs, a person may not remember what has happened for several hours after taking the medicine. This is usually not a problem since most people fall asleep after taking the medicine.

Memory loss can be a problem, however, when sleep medicines are taken while traveling, such as during an airplane flight and the person wakes up before the effect of the medicine is gone. This has been called "traveler's amnesia."

Be sure to talk to your doctor if you think you are having memory problems. Although memory problems are not very common while taking Ambien CR, in most instances, they can be avoided if you take Ambien CR only when you are able to get a full night's sleep (7 to 8 hours) before you need to be active again.

Tolerance: When sleep medicines are used every night for more than a few weeks, they may lose their effectiveness to help you sleep. This is known as "tolerance". Sleep medicines should, in most cases, be used only for short periods of time, such as 1 or 2 days and generally no longer than 1 or 2 weeks. If your sleep problems continue, consult your doctor, who will determine whether other measures are needed to overcome your sleep problem.

Dependence: Sleep medicines can cause dependence, especially when these medicines are used regularly for longer than a few weeks or at higher doses. Some people develop a need to continue taking their medicines. This is known as dependence or "addiction."

When people develop dependence, they may have difficulty stopping the sleep medicine. If the medicine is suddenly stopped, the body is not able to function normally and unpleasant symptoms may occur (see *Withdrawal*). They may find that they have to keep taking the medicines either at the prescribed dose or at increasing doses just to avoid withdrawal symptoms.

All people taking sleep medicines have some risk of becoming dependent on the medicine. However, people who have been dependent on alcohol or other drugs in the past may have a higher chance of becoming addicted to sleep medicines. This possibility must be considered before using these medicines for more than a few weeks.

If you have been addicted to alcohol or drugs in the past, it is important to tell your doctor before starting Ambien CR or any sleep medicine.

Withdrawal: Withdrawal symptoms may occur when sleep medicines are stopped suddenly after being used daily for a long time. In some cases, these symptoms can occur even if the medicine has been used for only a week or two.

In mild cases, withdrawal symptoms may include unpleasant feelings. In more severe cases, abdominal and muscle cramps, vomiting, sweating, shakiness, and rarely, seizures may occur. These more severe withdrawal symptoms are very uncommon.

Another problem that may occur when sleep medicines are stopped is known as "rebound insomnia." This means that a person may have more trouble sleeping the first few nights after the medicine is stopped than before starting the medicine. If you should experience rebound insomnia, do not be discouraged. This problem usually goes away on its own after 1 or 2 nights.

If you have been taking Ambien CR or any other sleep medicine for more than 1 or 2 weeks, do not stop taking it on your own. Always follow your doctor's directions.

Changes in behavior and thinking: Some people using sleep medicines have experienced unusual changes in their thinking and/or behavior. These effects are not common. However, they have included:

- more outgoing or aggressive behavior than normal
- confusion
- strange behavior
- agitation
- hallucinations
- worsening of depression
- suicidal thoughts

How often these effects occur depends on several factors, such as a person's general health, the use of other medicines, and which sleep medicine is being used.

It is also important to realize that it is rarely clear whether these behavior changes are caused by the medicine, an illness, or occur on their own. In fact, sleep problems that do not improve may be due to illnesses that were present before the medicine was used. If you or your family notice any change in your behavior, or if you have any unusual or disturbing thoughts, call your doctor immediately.

Pregnancy: Sleep medicines may cause sedation of the unborn baby when used during the last weeks of pregnancy.

Be sure to tell your doctor if you are pregnant, if you are planning to become pregnant, or if you become pregnant while taking Ambien CR.

SAFE USE OF SLEEPING MEDICINES

To ensure the safe and effective use of Ambien CR or any other sleep medicine, you should observe the following cautions:

1. Ambien CR is a prescription medicine and should be used ONLY as directed by your doctor. Follow your doctor's instructions about how to take, when to take, and how long to take Ambien CR. Ambien CR tablets should not be divided, crushed, or chewed, and must be swallowed whole.
2. Never use Ambien CR or any other sleep medicine for longer than directed by your doctor.
3. If you develop an allergic reaction such as rash, hives, shortness of breath or swelling of your tongue or throat when using Ambien CR or any other sleep medicine, discontinue Ambien CR or other sleep medicine immediately and contact your doctor.
4. If you notice any unusual and/or disturbing thoughts or behavior during treatment with Ambien CR or any other sleep medicine, contact your doctor.
5. Tell your doctor about any medicines you may be taking, including medicines you may buy without a prescription. You should also tell your doctor if you drink alcohol. DO NOT use alcohol while taking Ambien CR or any other sleep medicine.
6. Do not take Ambien CR unless you are able to get a full night's sleep before you must be active again. For example, Ambien CR should not be taken on an overnight airplane flight of less than 7 to 8 hours since "traveler's amnesia" may occur.
7. Do not increase the prescribed dose of Ambien CR or any other sleep medicine unless instructed by your doctor.
8. When you first start taking Ambien CR or any other sleep medicine, until you know whether the medicine will still have some carryover effect in you the next day, use extreme care while doing anything that requires complete alertness, such as driving a car, operating machinery, or piloting an aircraft.
9. Be aware that you may have more sleeping problems the first night after stopping Ambien CR or any other sleep medicine.
10. Be sure to tell your doctor if you are pregnant, if you are planning to become pregnant, or if you become pregnant while taking Ambien CR or any other sleep medicine.
11. As with all prescription medicines, never share Ambien CR or any other sleep medicine with anyone else. Always store Ambien CR or any other sleep medicine in the original container that you received it in and store it out of reach of children.
12. Ambien CR works very quickly. You should only take Ambien CR right before going to bed and when ready to go to sleep.

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"I came *this* close to having surgery."

But at the last moment I was saved by an incredibly easy weight loss program."

ble to control her ballooning weight, Julie had made the decision to have surgery to solve her problem. She was scared—terrified, in fact—ve such an invasive procedure. But having tried every diet imaginable, her weight continued to increase. She was desperate. Then, e last moment she discovered NutriSystem and lost an amazing 142 lbs.* Finally, she started to live the life she always wanted.

o me, food always served as a form of entertainment and comfort. But my weight was controlling my life, health and my happiness.



"So, here I am, 142 lbs.* lighter and no surgery...Yay!"

"rgery was my only other option."

y time I tried to manage my weight ugh dieting, I gained even more back than n I started. It got to the point that I was y for surgery to solve my problem. Yes, ery. I researched it and had cried over the —I was so frightened to do it. My mom cried with me over the decision.

t the same time my brother was NutriSystem and actually losing weight. decided to try it. *(If a big brother can weight on NutriSystem, so can a little r, right?)*

turned out to be the best decision of my life. iSystem worked so well for me that I lost 142

" triSystem food is dee-licious!"

from Texas so that's what we say when ething tastes really yummy!) You can eat a and even hamburgers on the iSystem program. But my favorite is the colate. It's so awesome that I treated elf to it almost every night and still lost ght. I've even shared my food with friends they are blown away by how good it s.

nd I couldn't believe how easy the gram was. You get to eat 5 times a day to you feel full. On every other diet I have l, you're always thinking about food and t you're going to eat—how you are going repare it. But you don't have to worry at that with NutriSystem—they do all the k for you. They even deliver the food right our door. How great is that? Plus! There's no nting, no centers to visit, no embarrassing gh-ins, and no expensive membership fees. iSystem was the most convenient program r followed. *(Honestly, it was the easiest thing e ever done.)*

"Losing 142 lbs.* changed my life!"

Now, I always have energy and even play volleyball on an intramural team. It's quite the change for a girl who used to spend most of her time on the couch in front of TV!

I was shocked by all of the attention I got because no one really looked at me when I was overweight *(at least not in a positive way)*. So when I started to get my figure back I found more doors were opened for me and more compliments came my way. You know, it's really, really nice to be noticed.

And you know what else? I did keep my "fat pants" (size 26) for fun. I had sworn that they would never fall off of my hips. I had to eat my words when I slipped into ONE LEG of them and they fell to the floor!

Oh, one more thing—today I shop in the junior's section. Wow!

"I did not have a boyfriend before—now I have a fiancé."

I am dating a really great guy right now. *(We just got engaged!)* Thanks to NutriSystem, I gained confidence and now feel freer to be who I really am inside. I feel I am more deserving of love and attention. Best of all,



"Yes, I ate lasagna and still lost 142 lbs.*!"

I am truly able to share who I am with someone special rather than hiding behind the shield of all the weight I carried.

Now I'm always smiling. Thanks to NutriSystem, I have finally conquered the seemingly impossible task that my weight presented. Because being overweight is no longer a hopeless cause or something that I will just have to live with.

"NutriSystem was really my last chance, and it worked."

I needed help and NutriSystem was there. Look, if I lost the weight, so can you. You can be the person you always wanted to be. Don't wait another minute. Give NutriSystem a call today.

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the hospital, she became inexplicably sick. She reported her symptoms—high fever, chills, sore throat, congestion—to her doctor, but she was told that the flu was going around and to wait it out. And, indeed, Lisa was better within a week. A month later, though, she woke in the middle of the night gasping for air: "I felt like I couldn't breathe—like I needed to go to the window for air."

> "I could see from her lab tests that all her organs were failing," says her mother. "She was dying"

She chalked it up to the exhaustion of caring for a newborn and toddler, but her mother, Elaine Ingrisano, insisted she see her doctor.

Lisa's internist detected a heart murmur and immediately sent her to a cardiologist. Even so, Lisa didn't panic. "Many people have heart murmurs," she thought then. "And besides, I'm only 28." But an echocardiogram revealed the shocking news that Lisa was suffering from dilated cardiomyopathy, a life-threatening condition in which the heart is weakened and enlarged. It can have many different causes, including certain viruses, congenital anomalies and even pregnancy itself, but Lisa's blood tests suggested that the "flu" she'd had a month earlier was actually a different virus she'd picked up in the hospital during Nikki-Taylor's birth. It wasn't a definitive diagnosis but it seemed the most likely explanation for why a healthy young woman would suddenly find herself with [illegible] factors told her, we'll automatically evaluate a heart transplant."

After a brief spell of self-pity ("I kept saying, 'Why me? I'm so young, I've got kids' "), Lisa regained her natural optimism. Medication soon had her feeling fine, and a surgically implanted internal defibrillator protected her from any potentially fatal arrhythmias by delivering an electric shock that would restore normal rhythms. Although doctors warned that eventually these treatments would prove insufficient to keep her condition in check, Lisa never truly believed she'd need a transplant. "I just didn't think it would happen," she says.

There were plenty of health scares in the years that followed. Whenever Joe or Nikki-Taylor caught a bug, Lisa got sick, too—only her illness always lasted longer than theirs and invariably caused her heart function to diminish. Then it would be back to the hospital again for various tests to check her heart function. To add to the stress, Lisa's marriage failed.

Then, on Memorial Day 1999, while Joe and Nikki-Taylor were at a barbecue with their dad, symptoms of full-blown heart failure reappeared. Suddenly Lisa couldn't breathe. She called her mother, who sped her to a hospital in a nearby suburb. Doctors there sent her by ambulance to Mount Sinai Hospital, in New York City, 30 miles away, where a cardiac catheterization revealed that her heart was barely able to circulate her blood. Lisa was admitted to cardiac intensive care and told she couldn't leave until after a healthy heart became available for transplantation.

Some patients wait months for an organ transplant; others die waiting. But in one respect Lisa was lucky: Her blood type—AB positive—meant she could receive a heart from someone of any blood type, as long as it could reach her within four hours (the longest a heart can be outside a body) and the donor weighed within 100 pounds of what she did.

Even so, the wait seemed interminable. As nearly three weeks went by, Lisa grew weaker and weaker. A medical technologist at the time, Ingrisano understood how sick her daughter really was. "I could tell from her lab tests that all her organs were failing, not just her heart," says Ingrisano. "She was dying."

When Lisa developed pneumonia, her chances of survival plummeted. Then, one Saturday evening, as the family sat around her bed, a smiling nurse walked in and said, "Lisa, we have a heart for you."

Some 400 miles away, in Buffalo, New York, another family gathered around another hospital bed. Just hours earlier Paul and Diane Gianadda, along with two of their children and more than a dozen other family members, had come together to say good-bye to their eldest son, Daniel.

That gorgeous summer evening should have been one of the proudest of their lives: the day their firstborn graduated from high school. In fact, Diane and Paul had been buying college supplies—Daniel was set to enroll in the honors program at the State University of New York at Buffalo—when they got the telephone call that every parent dreads: Daniel's car had hit a tree, their younger son told them, and the boy was being airlifted to the Erie County Medical Center, a local trauma facility.

CONTINUED



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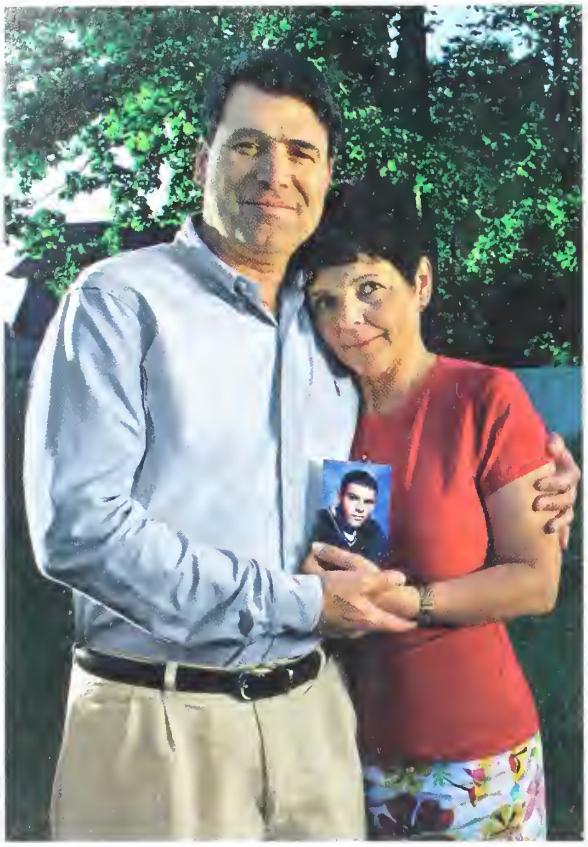


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For Paul and Diane Gianadda (left, with a photo of son Daniel), the heart-shaped hemangioma on Samantha Danielle's neck (above) is a sign their son lives on

At first Diane didn't understand how serious the accident was. Although very little is known, even now, about what happened, Daniel was only blocks from home at 6 in the evening—broad daylight. Moreover, he wasn't the kind of teen parents worry about: A straight-A student and passionate baseball player, he was someone teachers relied on to set an example for classmates. Even after hearing how grave Daniel's injuries were, Diane says, "It didn't occur to me that we could lose him—I just wanted to get him well."

Eleven years earlier, Paul, a contractor, had been rushed to the same trauma unit after suffering a major head injury at a job site when a concrete slab collapsed on him. Doctors had told Diane that Paul might never walk again, but miraculously, he made a full recovery. So when doctors gave them discouraging news about Daniel, Paul took inspiration from his own history. He told the doctors, "If there's any chance that surgery could relieve the pressure in his brain and he could come out of it, we want to take it." But by noon the following day it was clear the surgery had not been successful; Daniel had no brain activity.

[illegible] Diane had noticed a sign [illegible] donation and, as she struggled to absorb the news about Daniel, he asked her to tell her husband. Paul didn't hesitate. "How could you not want to keep some part of your child still alive?" he asks.

For Diane, the decision was simple for a different reason: Daniel was someone who helped struggling kids with their schoolwork and volunteered to read bedtime stories to his little sister. She was pretty sure he'd never heard of organ donation, but was sure he would have approved. "He's that kind of kid," she says, not noticing she's speaking in the present tense.

Back in New York City, Lisa Savarese was panicking. "They won't let you have surgery with a simple cold, so I wasn't letting anyone take out my heart while I had pneumonia." That's when it hit her that she might not see her children again.

"You can't wait any longer," said Alan Gass, M.D., then the medical director of the transplant program at Mount Sinai and now director of cardiac failure and transplant at Westchester Medical Center, in Valhalla, New York. The diseased heart that the surgeon removed during the four-hour surgery was severely enlarged.

Her mother could see the difference even before Lisa woke up. "Her coloring was so rosy," says Ingrisano. "It was beautiful to see color in her face again!"

Even with a strong heart, though, Lisa's recovery was long. In the first year after transplant, the risk of rejection—when the immune system recognizes a donated organ as alien and attacks it—is especially high, and Lisa was hospitalized several times to receive antirejection medications, which increase the risk of infections and certain kinds of cancer. Still, Lisa eventually began to thrive after her transplant. Soon her heart was functioning more effectively than most healthy people's, enabling her to care for Joe and Nikki-Taylor and, eventually, to fall in love with family friend Vinnie Savarese.

Yet even as she carried on with her own life, Lisa never forgot the boy who had lost his. (She knew only that her donor was an 18-year-old male.) "I thought about him when I woke up from the surgery, CONTINUED

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and I've thought about him every day since," she says. On the first anniversary of the transplant she sent his family—about whom she'd been told no details—a letter through the hospital's transplant coordinator. "I told them I could never thank them enough for what they did."

The Gianaddas didn't respond, but the transplant coordinator had already warned Lisa not to expect an answer. Still, on the surgery's second anniversary, Lisa wrote again, explaining she hoped to meet them someday to thank them in person for giving her the gift of a future. By the third anniversary Lisa had begun to worry that perhaps her letters served only as a painful reminder of what they'd lost. She decided to skip the ritual that year.

When Lisa mentioned this decision to her mom at Christmas, however, Ingrisano was adamant. "You have to let them know you're still alive," she said. So in January 2003, Lisa wrote one more letter. This time, she enclosed photos of herself with Vinnie, with Nikki-Taylor and Joe, with her mother and grandmother—a dozen joyful pictures of a family that would still be grieving if the Gianaddas had not made their fateful decision.

"Seeing [the] children is what did it for me," [illegible] Diane. "I knew then it was the right thing."

The years between [illegible] death were not easy for the Gianaddas. After the visitation and funeral, where nearly 3,000 mourners filed their respects, Diane took a leave of absence from her job as a teacher's aide to comfort her devastated children, Tom, John and Sarah. Lisa's letters were hard to read. "We were happy for her, but they reminded us of our loss," says Diane. But the third letter made Lisa's children so real that the Gianaddas finally felt ready to reply.

"After you lose a loved one, especially a child, there is a black hole in your being that never seems able to be filled again," Diane wrote. "When we hear from you, it helps to ease the emptiness." She ended the letter, "Your children are beautiful. I am very thankful that God chose you to live on and share your life and your love with them."

> "I have never felt so close to anyone so quickly," says Lisa about meeting her donor's parents

The Gianaddas made plans to meet Lisa and her family on Memorial Day that year, during Fleet Week, when they would all be coming to the New York area to see their son Tom, who was in the Navy. When Joe looked out the window and announced that the Gianaddas were pulling up, Lisa's heart raced. Diane remembers feeling awkward: What should she say? But when they met, the two women hugged tight, reluctant to let go. Then Lisa held Diane's hand to her heart, so she could feel it beating.

Over dinner at a nearby Italian restaurant Lisa surprised the Gianaddas with gifts, including a heart-shaped diamond pendant for Diane and a watch for Paul, engraved THANK YOU FOR GIVING ME THE GIFT OF TIME.

The Gianaddas were moved and grateful in return. "Every time I see Lisa, I picture Daniel sitting with her," says Paul.

Somehow the two families felt immediately that they belonged together. "I have never felt so close to anyone so quickly," Lisa says. That July the Gianaddas were honored guests at Lisa and Vinnie's wedding. At the reception, the couple presented a slide show of pictures of them growing up, pictures of the important people in their lives. "At the end, there was a picture of Daniel," Lisa says, "and a slide thanking Paul and Diane for giving me my life."

"There wasn't a dry eye at the reception," Paul says.

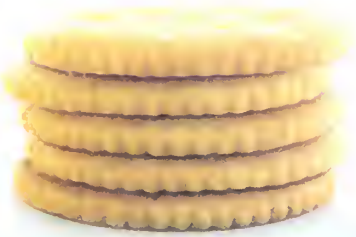
After the wedding the Savareses and the Gianaddas settled into thinking of each other as extended family, talking weekly, visiting when they could. So it was natural that when Lisa became pregnant Diane was among the first to hear.

While pregnancy after heart transplant is not unheard of, it is rare because it's dangerous: Pregnancy strains the organs and immunosuppressant drugs carry a serious risk of infection. There have been only 39 reported cases of heart recipients who have become pregnant, according to the National Transplantation Pregnancy Registry at Temple University School of Medicine. Lisa's case was complicated by the fact that her heart first failed around the time of Nikki-Taylor's birth; although her doctors believed her cardiomyopathy resulted from a viral infection, there was still a chance that pregnancy had caused it.

But Lisa, who wanted more children, was undaunted. "I'm extremely careful about my CONTINUED



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medicines and my checkups, but I don't live my life scared," she says. So after a battery of tests showed that she was healthy, Dr. Gass supported her decision.

The Gianaddas were concerned about Lisa's health, but they never questioned her decision, never once wondered if she ought to be putting such a strain on Daniel's heart. But that first pregnancy, and the next, ended in miscarriage.

Then, in fall 2005, an ultrasound during Lisa's third posttransplant pregnancy revealed a big surprise: two tiny embryos, each with a strongly beating heart. Lisa and Vinnie stared at the screen in disbelief, but once they recovered both were thrilled.

Lisa's doctors, on the other hand, were anything but. Carrying twins doubles the already great strain that pregnancy places on the heart, and it significantly increases the risk of preeclampsia, a life-threatening condition that can cause seizures or stroke and can be cured only by delivery, even if the babies are too premature to survive. The National Transplantation Pregnancy Registry had never recorded a twin pregnancy in a heart recipient, so Lisa's outcome was impossible to guess, but she could have ended up losing [illegible] babies or both.

Joanne [illegible] M.D., Lisa's high-risk obstetrician at Mount Sinai, suggested multifetal pregnancy reduction, a medical procedure that terminates one of the [illegible]ly in the pregnancy. "We thought we could minimize the risks by limiting the amount of work her heart had to do," Dr. Stone explains.

Lisa and Vinnie were tormented, shocked at the risks but horrified at the idea of ending the life of a baby they longed for. "I was against the reduction," says Vinnie, "but if it had come down to one child and one wife, or two children and no wife, for me it would've been one child. But it was Lisa's decision, and she was dead set against the reduction."

Lisa says she just had a good feeling about her prospects: "I kept saying to myself, 'God is not going to take this from me.'"

Lisa's confidence notwithstanding, Vinnie worried, Ingrisano worried, the Gianaddas worried. ("We prayed for Lisa every day," says Diane.) Even little Nikki-Taylor, then 11, worried. "She was always crying," says Lisa. "She knew I'd gotten sick right after she was born and thought it would happen again. She really thought I was going to die."

But as Lisa predicted, everything turned out fine. She did develop preeclampsia, but it came on slowly enough for Dr. Stone to give her steroid injections to hasten the babies' lung development. When they were born at 33 weeks, both were breathing on their own. Samantha Danielle was four pounds, 12 ounces, and Alexa Rose was an even four pounds (typical birth weights for twins); both were healthy.

Daniel Gianadda had been an athlete, and Dr. Stone attributes the unexpected happy ending in part to the robust heart Lisa received from him, and in part to Lisa's own positive attitude. "She proved us wrong," says Dr. Stone.

The Gianaddas feel almost like grandparents to the twins. Lisa calls at least once a week with updates and sends e-mails and pictures every chance she gets. When Lisa, Vinnie and the twins came for a visit at Christmastime, the Gianaddas invited all their neighbors to meet "our girls." And last May Diane got a Mother's Day card from the Savarese children; it was addressed to "Grandma Diane Gianadda."

Lisa's little girl cried throughout her mother's pregnancy: "She thought I was going to die"

There's one more thing that makes Paul and Diane feel even more deeply connected to the Savareses: On the back of Samantha Danielle's neck is a small strawberry-colored birthmark called a hemangioma. It wasn't there at birth but developed gradually during Samantha Danielle's first two weeks of life. "When I first noticed it, it was raised, like a little red bump," says Lisa. "It got bigger and bigger, and within a week or so, it developed into a shape." Everyone who sees it immediately identifies it as a small, perfectly shaped image of a heart.

"I don't believe in coincidence," says Diane. "I mean, why a heart? And why on the twin who's named for Daniel and not the other? There's a message there."

"It's another sign that our son lives on," agrees Paul.

It's a sign, too, of the bond these families share. "I love them–they're my family," Lisa says simply. "How can I explain it? It's like it was just meant to be." CONTINUED ON PAGE 118

There are two generations and five states between them.
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A STRANGER'S AMAZING GRACE



In August 2000, Danielle Wilson (left) was a 17-year-old single mom living in Kansas City, Missouri, with her 3-month-old son, Jaylen, when she learned she had a rare form of uterine cancer that develops during pregnancy. "I was terrified—not so much for myself, but for my son," says Wilson. "Who'd be there to read him stories and give him a mother's love?"

Chemotherapy induced a remission that lasted several months, but by 2002 a tumor had developed in her arm. Surgery and more chemotherapy followed, and by 2003 Wilson was again in remission. She and Jaylen moved into their own apartment and Wilson started college. Then, in 2004, Wilson was diagnosed with leukemia, and this time she didn't respond to chemotherapy. At 21 she wrote her will.

Then Wilson learned that, if she could find a matching bone marrow donor, a transplant could save her life. Unfortunately, no relative was a match, so her doctors listed her in the National Marrow Donor Program, a registry of volunteer donors. That's when Wilson's luck finally turned: In Weslaco, Texas, 1,100 miles away, Ramiro Rivera had registered with the program during a company blood drive six years earlier. Although Wilson is black and Rivera is Hispanic, their bone marrow matched.

Harvesting bone marrow cells is only slightly more complicated than giving blood, despite popular media depictions of painful bone-drilling procedures. Every day for five days, Rivera went to his local hospital to receive intravenous hormone treatments to stimulate his blood cell production. On the sixth day, he returned to the hospital, where his blood was removed through a sterile needle in one arm, cycled through a machine that removed the cells used in transplantation and [illegible] arm. "The whole process was [illegible] no big deal."

[illegible] Today, she is cancer free [illegible] eet [illegible] with Rivera [illegible] of [illegible] life—the day [illegible] ew life." For

TWO PAIRS MAKE THEM WHOLE



Claudia Lillibridge (left) knew, even before she married her husband, Doug, that his health would always be fragile. The Twinsburg, Ohio, man had been diabetic since childhood and was hospitalized repeatedly for complications of the disease during their courtship. In late 2004, Doug's kidneys failed completely, and at 32 he learned he'd spend the rest of his life on dialysis. As a clinical research coordinator, Claudia knew how debilitating dialysis is: "It was gut-wrenching to hear that my husband would be spending three to four hours, three or four days a week, hooked up to a machine."

Doug's only chance of a full recovery was a kidney transplant, but Claudia wasn't a match for him. (People can live normal lives with only one kidney.) Then she learned about the Paired Donation Kidney Consortium, the nation's only live-donor program that arranges kidney swaps for patient-donor pairs who don't match each other but do match another pair in the registry. "You have never seen anyone so joyous as I was when I learned Doug and I qualified," says Claudia.

The typical waiting time for a traditional kidney transplant is three or more years, but just eight months later, in June 2005, the Lillibridges were matched with a pair of sisters in the same situation: Chicago-area physician Celia Lipinski did not match sister Paula, of Parma, Ohio, but she was a match for Doug; Claudia in turn was a match for Paula, whose kidneys had failed as a result of medication toxicity. "At first my sister didn't want me to do this because she thought it was too risky," says Celia, "but as a doctor, I know how easily people can live with one kidney."

For both pairs, the transplant was transformative. "I felt better immediately, even though I'd just had major surgery," says Paula. "It was just remarkable."

"It's been an amazing experience," agrees a healthy Doug. "Not only did the exchange program get Paula and me the kidneys we desperately needed, it also got us off the waiting list so that others could move up and get their kidneys more quickly." For more information on being a living donor, go to *www.transplantliving.org/livingdonation.*


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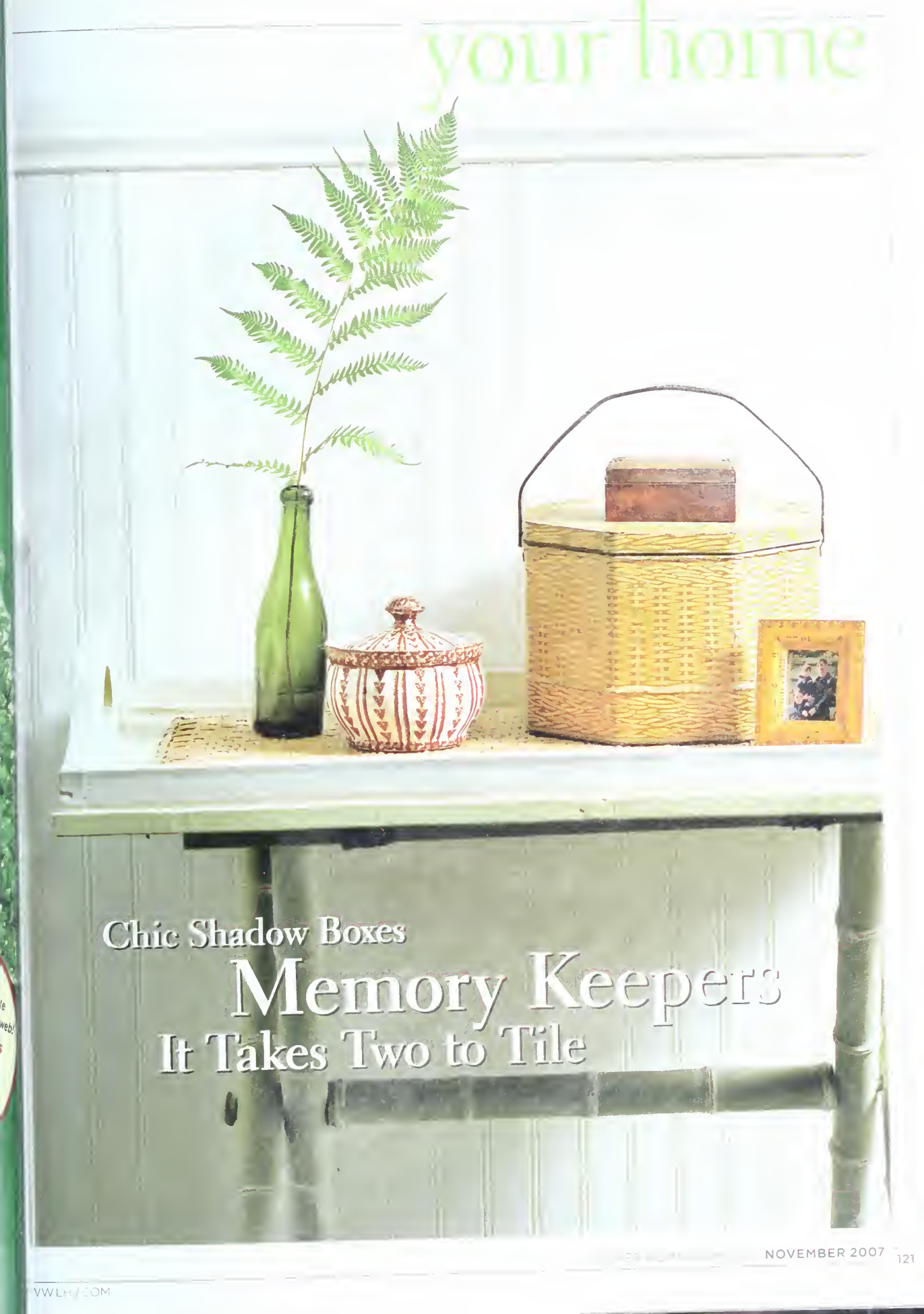


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We love the quirky shape and patterned fabric of this Angela Adams bag. *See page 220 for details.*

ALL IN THE FAMILY

A family-memorabilia shadow box is a wonderful way to bring treasures out of the keepsake drawer and into the open. This antiqued black-painted shadow box from Michaels was backed with vibrant green linen and adhered with fabric glue. Branches gathered from the backyard were tied together to create a mini family tree. Then the keepsakes, including family photos, a handwritten note from Grandma, and Grandpa's pocket watch, were placed on or around the tree's branches. Descriptions of each treasure were printed on colored paper cut into a simple leaf shape. Attach leaves and photos with a touch of hot glue. If you don't want to permanently adhere original photos, you can make copies, or simply attach with pins.

CONTINUED





KITCHEN CHIC

Shadow boxes are a fantastic way to showcase personal collections—and by no means do they have to be limited to ones that are precious or even classically beautiful. Sometimes the quirkier or more eclectic the items, the better. This collection of vintage kitchen tools was gathered over time from eBay: a one-of-a-kind mix of crocheted pot holders, everyday kitchen utensils, a funky salt-and-pepper set and sections of whimsically decorated spice boxes. A few tips: Try sticking to a single theme and creating visual unity, perhaps by choosing a strong central color, or else your shadow box could end up looking like the inside of your kitchen catchall drawer. Adding simple decorative touches, such as the lengths of red rickrack in both of these boxes, helps to tie the items together even more.











NATURAL BEAUTY

These extra-deep shadow boxes from Pottery Barn are perfect for showcasing larger objects. This grouping is composed of faux natural objects—painted eggs, butterflies delicately constructed from feathers, and flower buds made from dried nutshells—which are less delicate to work with and easier to come by than the real things (you can find these items at most crafts stores).

When creating boxes that will be hung together, keep the arrangements uncomplicated for strong visual impact. In these shadow boxes the objects were glued to pieces of woven burlap secured at each corner with pins. The advantage of this semipermanent technique is that items can be changed to reflect the splendor of the season. Collections of seashells in summer, pinecones in winter or preserved leaves in autumn make for charming wall art as well. CONTINUED

HORSING AROUND

If you have a passion or a favorite past time, a shadow box can be a great way to show it off. Here, an oversize shadow box from Michaels, backed with a blue-and-white tea towel, holds handsome horseback-riding memorabilia and hard-earned ribbons. The metal horse—a lucky find on eBay, gives the arrangement a strong focal starting point. Other objects, including an old horseshoe painted blue, a horse-motif ribbon and a personal photo documenting a first ride, were layered and set with hot glue. Keep in mind that when creating a large, layered display that combines several textures and shapes, it's key to decide on a layout before anything gets glued. So play around with placement before you rev up the glue gun. Ribbons, *www.horseshow ribbons.com*



Where to Find It, page 220



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How a *House* Becomes a *Home*

I've always imagined my house would just naturally blossom around me, but my husband has a different idea



By Jane Smiley

Jack asks me to come into the bathroom. I balk for a moment. We are to have a Big Talk—he's been telling me this all morning long and he knows I've been trying to avoid it. I take a deep breath. I've already tried, "Either the diamond is fine or the square is fine. They're both fine." What I'm talking about is the pattern that the blue-and-yellow Mexican tiles will make on the wall of the shower stall. The square mimics the vanity counter. The diamond contrasts it. Jack thinks the square is too boring but the diamond might be too busy. I like both.

That's the problem. This is our third bathroom remodel and the most elaborate. It follows the extension of the living room and the renovation of the master suite, the entry hall that linked the downstairs to the upstairs, the laundry room, the patio, the deck and the stone walls. We have been remodeling this house for seven years.

The first time I saw Jack that I remember clearly, he was [illegible] saw. The blade was turning and he was trimming a board. He looked to me and smiled, then finished turning the board and turned off the machine. I noticed that his smile was good natured and open. I also noticed that his hands were graceful and expert, large and well-formed, with those agile thumbs that you see on carpenters. I was single. He was single. He was installing windows in my horse barn for cross ventilation. The first thing he said to me after "Hi" was "Do you want the bars to be three inches apart or four inches apart?"

I made up an answer. I said, "Three inches apart."

CONTINUED

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When I saw a recently remodeled home, I was not merely astonished, I was galvanized. It was a conversion experience

The men in my family were athletic, not handy. They spent their leisure time playing golf or tennis or watching a baseball game on TV, not replacing the trap on the kitchen sink. (The person who replaced the trap was my grandmother.) As for remodeling, did people remodel in the '50s? You wouldn't have known it in our neighborhood, which was filled with houses made of brick, with its air of solid, unmalleable permanence. I didn't meet a true remodeler until I was 20. My sister-in-law's sister and her husband had "pushed out the back end of the house" and "added on a second story." When they told me this and I saw their miraculously expanded domicile, I was not merely astonished, I was galvanized. I see now that it was a conversion experience.

In spite of that I've always imagined that my house would just naturally blossom around me, that the bud that we found on the market would open into a rose as we lived in it. Implicit in this image was the idea that I wouldn't actually pore over paint samples and tiles and flooring but that I would choose every element intuitively, seeing, selecting, installing, forgetting the actual moment of deliberation as quickly as possible. And I would be happy. I knew I would be happy because I always am—I am subject not to buyer's remorse but to buyer's delight. As soon as I have it I love it.

Unfortunately, though, whites in tile are like whites in teeth—there's the gray range and the yellow range. For at least a week there were three white tiles lying around the kitchen. When I got close to them I could see that one had a distinctly yellow cast, but when set next to the blue-and-yellow patterned tiles, it seeme whiter than the other two. The are the things Jack notices, which one reason I love him. It all look fine to me, which is one reason h loves me.

While Jack waits a moment f me to join him in the bathroom, look left, out the window th wasn't there before we extende the living room. I look straigh ahead, down the corridor throug the double-glass doors at the flow ering plants on our remodeled dec and the palm tree Jack brough home last winter. The house handsome and welcoming but it home because we thought about i and talked about it, and can remem ber how we made it, the annoyance as well as the laughs. All along I'v been trying to tell Jack that I alread know I will love this bathroom. An he has been trying to tell me that is an act of love to pay attention t the process.

Eventually, I can see, we are goin to have to talk about the kitchen.

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Mr. Rooter PLUMBING



A FIGHT FOR *Freedom*

Afraid for their lives, the Ismails fled Iraq for the safety and promise of America

By Pascale Le Draoulec

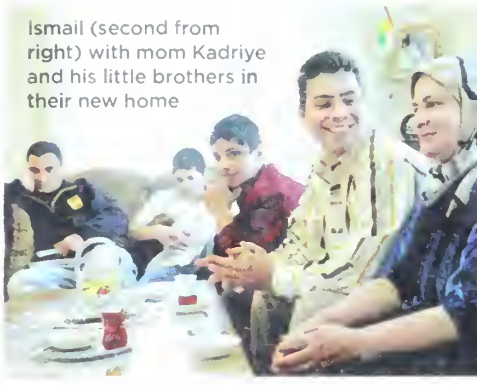
During his childhood in Iraq, Haval Khalis Ismail lived in lavish homes replete with private gardens and more than a half dozen bedrooms. But now the place closest to his heart is his modest house in White Bear Lake, Minnesota. "What good is a nice home if you don't feel safe?" asks Ismail, 25, from the peaceful Minneapolis suburb where he lives with his wife, Razan, his mother, Kadriye, and four siblings.

For the Ismails, and millions of their fellow Kurds living in Iraq, safety was a virtual unknown. With no nation to call their own, Kurds have been living in now-conflict-torn Kurdistan for centuries. Ismail's father, Khalis, was a revered Kurdish tribal leader who served in the Iraqi army. But during Operation Anfal, when Saddam Hussein ordered the destruction of many Kurdish villages (some 100,000 Kurds were killed), Khalis abandoned the army and joined a U.S.-supported anti-Hussein group to help overthrow the dictator.

LHJ.com
Read the inspiring stories of other Habitat families. Visit **www.lhj.com/habitat**

As enemies of Hussein the Ismails were forced to abandon their homes and were stripped of their belongings. By the time Haval was 15 his family had moved a half dozen times in Iraq, Turkey and Iran. In 1997 Khalis fled alone to Turkey to save his life. Back in Iraq, the family had to buy passports on the black market to join him but couldn't scrounge up enough money to buy all they needed. The eldest son, Himen, stayed behind. (He made it safely to London in 1999 but has not been able to obtain a visa to join his family in the United States.) Reunited in Turkey, the rest of the family went to the U.S. embassy to seek political asylum. They were granted refugee status. "Because we didn't have any relatives in the United States, they chose Minneapolis for us," says Ismail.

When the Ismails arrived in 1998 they lived in public housing in a high-crime neighborhood. Khalis's chief goal became getting his family into a home of their own. In 2002 he turned to Habitat for Humanity for help but was denied because others were in greater need.



Ismail (second from right) with mom Kadriye and his little brothers in their new home

When the United States ended Hussein's rule in 2003, Khalis deemed it safe to visit his parents in Kurdistan. But one night during his stay, he collapsed, then died of a stroke. He was only 52. Ismail, then 21, was hit hard. "My world was changed in that instant," he remembers. "I had to do everything for my family the way my father would have if he were still alive." In 2004 Ismail sent in another application for a Habitat house. This time the answer was yes. When Ismail married Razan, his former neighbor in Iraq whose family had also fled here, scores of Habitat volunteers were among the 500 reception guests.

Ismail honored his father again last year by returning to Iraq to serve with U.S. special forces. "Part of my dad's dream was for me to be part of the new Iraq," he says.

Ismail has just finished remodeling the family's Habitat home to accommodate his growing clan—he and Razan are now the proud parents of a 1-year-old son. "I named him Khalis, after my father," he says.

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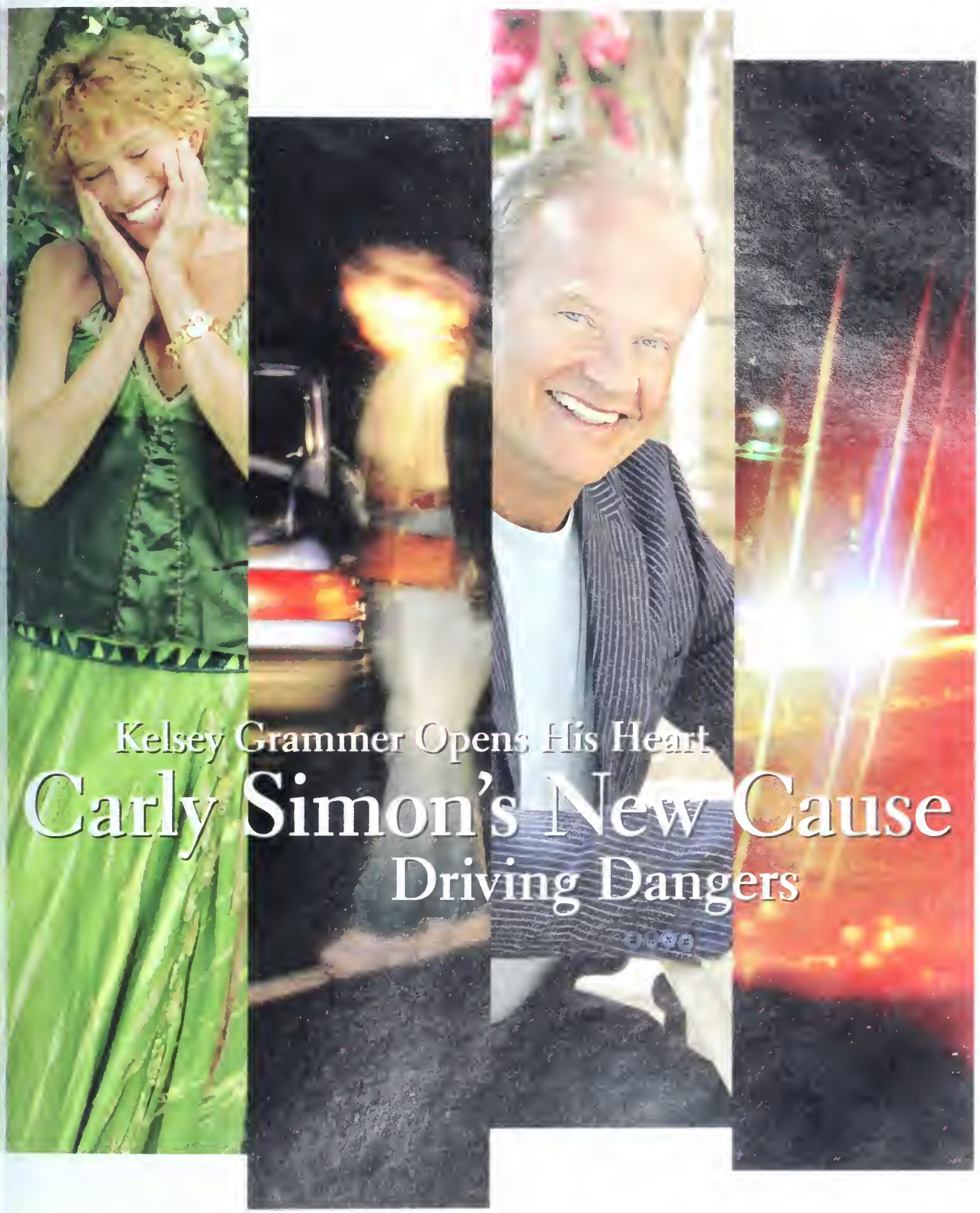
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Kelsey Grammer Opens His Heart

Carly Simon's New Cause

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CARLY SIMON'S NEW SONG

She hasn't got time for the pain anymore, so she's speaking out about her once-secret stammering



"My stuttering was really painful," says Simon, whose latest album, *into White*, is a collection of lullabies and pop standards

By JUDITH NEWMAN

Before Angelina had the most famous lips on the planet, there were Carly Simon's: lush and sensuous—as Simon herself still is at 62—and out of which came some of the most heartfelt, haunting music of her generation ("Anticipation," "That's the Way I've Always Heard It Should Be"). What woman who grew up in the '70s heard "You're So Vain" and didn't think it was about her own boyfriend?

Yet these lips have also given her more trouble than anyone knows. "It was so painful to me," Simon says quietly. "It still is."

"It" is the condition Simon is talking in-depth about for the first time. Around age 6, Simon says she became aware of the fact that she was a stutterer, one of the 1 percent of the population who suffer from a neurological glitch that causes a breakdown between the brain's signal to speak and the vocal cords' and lips' mechanical ability to produce that speech. Stuttering is [illegible] about three times more common in boys [illegible]

[illegible] children who stutter outgrow it, [illegible] percent don't," says Catherine [illegible], executive director of the [illegible] Institute for Stuttering [illegible], which honored Simon [illegible] at its first fund [illegible]



more information on stuttering, visit *www.stutteringtreatment.org.*) "People think there is something emotionally or psychologically wrong with them," she adds. "In fact, what they have is a physiological and neurological problem that becomes an emotional one because of the embarrassment."

Though Simon's stuttering is now minimal (when she's anxious, she says, certain words still trip her up), the subject is still deeply agonizing. However, as she told me while we sat in the eclectically furnished home her ex-husband James Taylor built when they moved to Martha's Vineyard in 1970, if she hadn't stuttered, she might never have found her voice.

Ladies' Home Journal: When did you first realize you stuttered?

Carly Simon: My sisters and I were putting on a play, *Little Women*. I was Amy. I had to say the words, "Rodrigo, Rodrigo, save me, *aaaarrrgh!*" And I couldn't get the *R* out. I knew then there was something wrong with me. People told me I'd outgrow it. Instead, it became worse.

LHJ: How so?

CS: I became more embarrassed as kids made fun of me. I loved to read, but never out loud. I still can't read out loud. I almost always couldn't say *H*'s. Then there were some days that it was *S*'s and some that it was *T*'s. So I became this walking thesaurus. You learn to supply yourself with substitute words you won't trip over.

LHJ: As you discovered, the ability to sing and speak are located in different parts of the brain.

CS: Yes. I think it's true of all stammerers. They can't stammer when they sing. There's something about the mind connecting differently to the vocal cords when you apply either rhythm or melody.

LHJ: How did you figure this out?

CS: I remember being at the dining room table and I couldn't say, "Pass the . . ." I'd get stuck on the *P*. So my mother, who was a singer herself, suggested I try singing it [*Simon sings*]: Pass the butter! Singing the words registered the right kind of rhythm through my neck into my vocal cords—and freed them up. But still, I was so embarrassed.

LHJ: When did you realize you would be able to get past it?

CS: When I was 15, I was in love with this boy named Nick. I went over to his parents' house for dinner and met them for the first time. Afterward, Nick and I drove down to the lake and he said, "My mom noticed you had a stammer." I broke down crying, because . . . it was just painful for me. It still is. [*Simon tears up.*] I was so upset, and he said, "But I find it so charming." It cut through me. *Wow.* He found it charming. So I didn't try to hide it from him anymore. I also got better at word substitution.

LHJ: Did stuttering play a role in your legendary stage fright?

CS: I'm almost positive it did. Because as a kid I was so frightened in class that when I was going to be called on, my terror would strike. And that became true later, onstage.

LHJ: So why do it?

CS: I do it with blind faith that I'm going to be all right. And I don't commit myself to any large tours.

LHJ: But you got out there. You've made an impact on a whole generation of people with your music.

CS: So much of my life is compensation. I'm doing over my kitchen right now, and these new pot racks went up that I didn't like. So I said, "Well, I can put dolls or my old teddy bears on them." I thought of all sorts of ways I could reconceive them. So, you can think of any defect—or something that's perceived as a defect—as being a new beginning. In retrospect, my stammering was an opportunity.



GRAMMER LESSONS

By
DAVID
HOCHMAN

Considering all he's achieved (and survived), one might expect Kelsey Grammer to be living out his days since *Frasier* on a golf course somewhere or perhaps sipping smoothies by the pool. Well, one would be wrong.

"I guess downtime's fine for some people, but it's not my road," Grammer, 52, says in his blue-ribbon baritone. "I've come to realize my role is pointing out how messed up life is and helping people laugh about it. To ignore that calling would be death."

His latest commitment to the cause is a quick-witted Fox sitcom called *Back to You*, in which Grammer stars opposite Patricia Heaton (of *Everybody Loves Raymond* fame) as a downwardly mobile news anchor who returns to his old underdog affiliate. Careerwise, a new hit series would simply be icing for Grammer, who, as Frasier, already shares the 20-year record (with James Arness of *Gunsmoke*) for the longest-running television character. But it would also signal how far Grammer has come in a lifetime riddled with tragedy and personal struggle, from two bitter divorces and substance abuse to the murders of his father and sister and the accidental deaths of two half-brothers. "Miraculously, I endured," says Grammer, who's now happily married with CONTINUED

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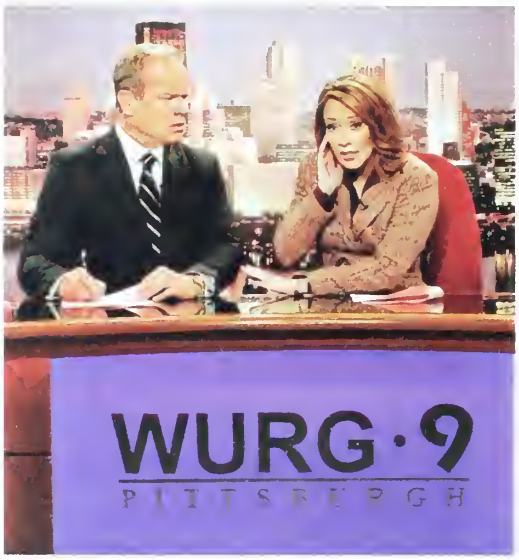
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"I've never been this good a person," says Grammer (top, with Camille and Jude and with *Back to You* costar Heaton, above)

two young children. I spend my time counting my blessings.

Ladies' Home Journal: What's it like going from a comfy role on a beloved show to something untried?

Kelsey Grammer: I can't express how good it feels. No amount of success takes away from the excitement and satisfaction that comes with being engaged in a new venture. Plugging away at new things is our only choice if we expect to have an interesting life. It is our divine right. Furthermore, my costars make me laugh out loud.

LHJ: How is it different costarring with a woman after all those years opposite David Hyde Pierce?

KG: Male–female chemistry is a delicious thing and something I haven't experienced much on TV. Patty and I are both tapping new aspects of our acting repertoires, which is remarkable given how long we were on our former shows. America is going to discover that Patty is comely, sassy, intelligent and warm in a way she never was on *Raymond*.

LHJ: Still, audiences will forever think of you as Frasier Crane. Is that ever frustrating?

KG: I accept that if I ever play King Lear, the headlines will read FRASIER DOES LEAR. But it would be indecorous of me to think that's some sort of travail. By dint of circumstance, I created a character that cast a shadow across the world and I'm incredibly grateful for that. If you have luck in your life, you can only know your work touches people the [illegible]

[illegible] interesting to hear you say [illegible] anguish you've [illegible] you feel like you've [illegible]

KG: [illegible] shaken my belief system. [illegible] that those dark tun[illegible] of me. I haven't had an easy life but I've had an extraordinary life and each struggle, each setback brought complexity to my work and a deep sense that faith carries you through unimaginable horrors. So I feel incredibly lucky.

LHJ: What have you learned in your 10-year marriage to Camille Donatacci that you didn't know the first two times around? [EDITOR'S NOTE: Grammer's eight-year marriage to Doreen Alderman ended in 1990; his one-year marriage to Leigh-Anne Csuhany ended in 1992.]

KG: It was always my personal dream to be close to another individual. Close to a woman. To care about someone more than myself. To grow with another human being as a couple, as a union, as two that are one. These are clichés but in this case it's active. When Camille and I got married the Irish priest who married us said, "You are God's gift to each other." I feel that in my heart. That's a change for me. I'm also there for her, which feels great. Camille almost died three years ago from a parasitic infection. She was so far down I thought I might lose her, but you hold your head up. Devotion is better than deserting someone, and running is not a choice.

LHJ: You've had an unconventional fatherhood, with four children from three marriages, including two via surrogate with Camille. What kind of dad are you?

KG: My relationship with my first two daughters [actress Spencer, 23, and Greer, 15] is complicated because of the rancorous divorces. That's life. If I can be of help to them, I will be and there's still repairing that needs to be done. But I would never let that jeopardize what I have with my two little ones [daughter Mason is 6 and son Jude is 3]. I'm a devoted slob to them and available physically and emotionally. I'm the father I always wanted to be.

LHJ: Looking back, what did you learn from playing Frasier for some 260 episodes?

KG: He was an affirmation. You live your life with all the spice you can muster. That's your job. We have to make this journey. We came here for it. You fall and you get back up. I'd like to think I imbued him with the knowledge of life.

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CONFESSIONS OF A DRUNK DRIVER

For most of us, if we're lucky, the closest we'll ever get to a drunk driver is reading the statistics (1.4 million DUI arrests each year, 17,602 people killed in drunk-driving crashes in 2006) or seeing tawdry photos of Lindsay Lohan or Paris Hilton splashed across tabloid covers. If we notice the names published in our local newspapers' police blotter columns, maybe we shake our heads, worry and wonder: Who are these people? What were they thinking? How soon will they be back on the road?

There are as many answers to these questions as there are drunk drivers. We offer here the story of one drunk driver, likely not the image you had in mind. She's a 53-year-old educated white-collar professional. While this is the story of her first arrest, it was not, she confesses, the first time she was guilty of this crime. She could not be compelled to use her real name and asked that some personal details be changed, but the essential facts of her case are true. We showcase her story not to give her a forum to make excuses or launch a defense but for the imperfect insights she offers into the mind of a drunk driver, a unique view few of us ever get a glimpse of.

—The Editors

CONTINUED

When I woke up I was in a green walled prison cell that smelled of puke and urine. Me. An attractive, upper-middle-class woman with two grown sons, a mortgage, two dogs and a kitten. Me. A former court clerk. Me. A professional writer and teacher with a master's degree who learned too late about what it is like to lose your freedom to a stupid choice—to drink and drive.

When Lieutenant Ralph Hite [all names and some identifying information have been changed] from our small-town police force pulled me over that night, my first thought was "Uh-oh," and my second was, "Maybe this will turn out all right." After all, I'd had only three glasses of wine that night, although I had had a couple more much earlier that summer Saturday afternoon at a friend's house. Not an unusual amount for me by any means. I drank two or three glasses of wine most weeknight evenings, on average, and usually twice that many—yes, I could finish a bottle of wine and then some by myself—on the weekends. But by this night my boyfriend and I had just broken up for what—the fifth time?—and I hadn't been sleeping or eating well. At 5 foot 7, age 53, I was down to 120 pounds.

Lieutenant Hite was low key—I thought even regretful—as he asked for my license and registration, then whether I had been drinking. I told him the truth: that I had been at a [illegible] drinking and dancing, [illegible] on my way home. Please, I said, just let me go home.

According to the police report that was shown [illegible], Lieutenant Hite pulled me over [illegible] because I was driving erratically, switching speeds and [illegible] shoulder, not once, but three times. In front with me was a male acquaintance who was also at the tavern that night (and who'd also consumed his fair share of alcohol) to whom I was giving a lift. I remember thinking, when we headed out, that I was fine to drive. After all, I had driven plenty of times, over the years, after a night when I'd been drinking, and in my whole driving life had been pulled over only a few times for speeding but never ticketed, and never because I was drunk at the time. I had never passed out or blacked out while drunk. The worst side effect I'd ever had from drinking was going on a crying jag. But the moment I turned the car onto the highway that night, it occurred to me that I shouldn't be there. Usually, when I'd driven myself home after drinking, I'd stay on the back roads where it's possible to drive slowly. That night on the highway I nearly pulled over on my own for fear of losing control of the car. I couldn't keep up the posted 55-mph speed. And the lane lines were shifting in my vision.

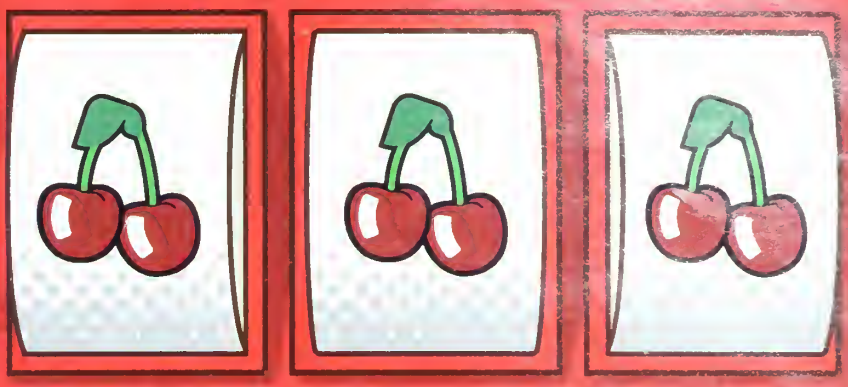
When Lieutenant Hite asked me to take some field tests, I wasn't in a position to refuse. The first few were given in his car. I couldn't manage to say the alphabet or count forward or backward correctly. He then asked me to step out of the car for some physical tests. I'm naturally athletic and thought I might do fairly well. But I failed miserably, even with my sandals off. I couldn't even walk the white shoulder line. It was then that he asked me to step back into his squad car and take a breath test. My blood alcohol content (BAC) registered at 0.16 percent, twice the legal limit for alcohol in my state, which is 0.08.

I was arrested, my car was towed and my friend and I were taken in the backseat of the squad car to the local jail. My friend was arrested and charged for being drunk in public and released a few hours later. In a way I was actually relieved to be in custody, because somewhere in my wine-sodden brain I realized that I had been driving a potentially lethal weapon while out of control (or as a friend so bluntly put it later, "drunk off my ass") and that I could have killed myself or someone else—or both.

Many consequences have flowed from my decision to drink and drive—awful consequences, given new, stringent DUI laws that, as it turned out, went into effect in my home state about a month before I was arrested. But I am grateful, for I was forced to get help. Until my arrest I didn't realize how much I had come to depend upon alcohol to get through some painful episodes; the drawn-out separation and divorce from my husband of 28 years, a volatile relationship with a new man who liked to drink himself. I had been depressed, even suicidal at times, going as far as imagining drowning myself in a swift-moving tidal channel at my favorite beach.

It was 3:30 A.M. when I was finally taken to the women's cell block. The magistrate had ordered me held over until I sobered up. Deputy sheriffs placed a thin mattress on the floor of an approximately six-by-12-foot cell and gave me two wool blankets. Neither of my two cell mates spoke to me when I entered—both simply pulled their blankets over their heads and turned their backs to me. That's how one of them remained the entire time I was there. I pushed my feet against the in-cell toilet, my head knocking against the bars. Toilet smells were everywhere—urine, stool and vomit—and the air conditioning was up full blast. I didn't feel like CONTINUED

By ANONYMOUS



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crying, but I was good and scared. I had never been inside a jail before and without knowing exactly what price I would pay next for my mistake, I feared that my life would change forever.

By daybreak I felt sober but was still blowing above zero on the breath analyzer. No release, not yet. It wasn't until after lunch that I blew zero and was sent before the magistrate. He set my arraignment date and ordered my release, once I surrendered my driver's license. Until this point I was completely unprepared for the fact that this was something I would have to do. After all, when I worked briefly as a court clerk, I saw first-offense prostitutes who were immediately put on probation—they were never stripped of their privileges, such as driving. The impact of what I had done and what would happen next was beginning to hit me.

I called a local lawyer from the jail phone, where they give you no choice but to call collect. He took the call and said he would represent me, but that I should steel myself. For first offenders convicted of blowing over 0.15 (which was me), five days in jail was considered mandatory under the new state law. I also faced the possibilities of a $2,500 fine, a totally suspended driver's license for one year and an interlock device on my car, which requires you to blow into a tube to start the engine. The device will prevent the car's ignition if it detects more than a certain amount of alcohol on your breath.

I washed my face, combed my hair, straightened my clothes. I called the man who'd been with me the previous night to help me retrieve my car. I called him because he already knew what had happened and I didn't want any of my other friends to know.

The logistics were difficult—a foreshadowing of what my new, restricted life would soon be. He drove me to the towing service, where I wrote a check, just the first of many I would write in the months to come. Then he drove me in my car the 30 minutes to my rural home, hitchhiking on the lonely country road to retrieve his own vehicle. As he disappeared from view, I looked out at my Jeep in the driveway. There it would sit, and here I would sit, dependent on the kindness of friends to get around—to the store, to appointments, including with my lawyer. And for how long? Potentially a whole year, if I was convicted. What on earth, I suddenly realized, would I do about my business? How would I live if I couldn't drive to the city or anywhere else on a writing assignment? Or to teach?

Four days later my father, mother, sister, uncle and two sons (24 and 22), all of whom live several hours away, came for a long-awaited extended visit to celebrate my uncle's birthday. My elder son immediately asked why I couldn't drive my car to do this and that. I mumbled something about a mechanical problem. I freaked out when my father bought the local paper, worried that my arrest would appear in the police briefs. It never did. To this day I'm not sure why. And to this day I have not told my family what happened.

Though the visit went well, I noticed, as I had so many times before, how many members of my family—excluding my sons—would look forward to the end of a day so they could hit the beer or wine . . . two, three beers or glasses of wine before dinner and then several more during. I saw clearly now that my dad and my uncle had drinking problems. When I was a teenager I vividly remember my father returning from parties displaying drunken behavior, slurring his words, suffering from hangovers the next morning. That I had a drinking problem, too, and that it had now landed me in deep trouble, was CONTINUED

DRIVE DRUNK AT YOUR OWN RISK

bad idea to drink and drive, but when it comes to punishing offenders, some states are much stricter than others. MADD (Mothers Against Drunk Driving) gives high-marks to states that mandate that all DUI offenders—even first-time offenders—install interlock devices in their cars. The devices attach to ignitions and prevent vehicles from starting if the driver's blood alcohol content (BAC) is above a preset level, usually around 0.02 percent. Only 10 states have this requirement: New Mexico, Arizona, Louisiana and Illinois. (As of 2004, most other states have interlock laws, but only for repeat offenders, and they're not always mandatory.)

Who has the weakest laws? Wisconsin, the only state in which first-offense drunk driving is not a criminal offense, and North Dakota, where drivers must have five offenses before being charged with a felony, as opposed to the more-typical two offenses. On the needs-improvement list: the nine states that do not automatically revoke drunk drivers' licenses upon arrest. To find out the laws in your state and how to get them changed, go to *www.madd.org/laws*. —*Mego Lien*



Chronic fatigue syndrome (CFS) can be as isolating as it is debilitating — especially when those around you don't understand what you're going through. But you're not alone. More than one million Americans suffer from CFS, yet less than 20 percent have been diagnosed. If you've experienced extreme exhaustion for six months or longer coupled with difficulty sleeping and concentrating, body pain and flu-like symptoms, you could have chronic fatigue syndrome. Log on to www.cdc.gov/cfs for the latest research and guidance on CFS diagnosis and treatment. Your life is waiting for you, and so is the support you need.

CDC

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something I could simply could not tell them. The night I had one or two glasses of wine, from what I recall, but I did not get drunk.

Soon I was describing those kinds of evenings—and more—to the private alcohol abuse counselor my lawyer recommended I hire to show my trial judge I was serious about addressing my problem. She would report my family background and personal drinking habits to my lawyer for my trial. She did not agree with my decision not to tell my family. She saw owning up to my problem as a necessary part of my recovery. I decided several months ago—at her urging—to tell certain key friends instead. And they, including my best friend, my now on-again boyfriend and local friends from a women's spiritual circle, have provided the understanding and support that I needed and still do. It really helped when all of them, to a person, reacted by saying the same thing could have easily happened to them.

My counselor, with more than a decade of clinical experience in substance abuse and mental disorders, diagnosed me as being depressed and, if not already an alcoholic, on my way to becoming one. By my counselor's definition, even my weeknight average of three glasses was too much. And with that, she sent her first report to my lawyer.

While I stood before the kind-looking judge, my attorney argued for leniency, on the basis of my otherwise-clean record and my need as a single woman who lives alone to continue to drive to, at the very least, make a living. The judge suspended any further jail time and reduced my fine from $2,500 to $500 (with additional court costs of $200). He granted me a work-restricted driver's license for one year, which allows me to drive from home to work and back again taking the most-direct routes with no stops. He ordered me to report to a probation officer periodically in a town an hour away and to a case manager in a town 15 minutes away for alcohol safety classes ($300). He allowed me to continue to see my private alcohol-abuse counselor ($90 every two weeks) rather than enroll in a more-public, community-hospital program.

Clearly, the judge said—looking straight at me—I was a practiced drinker. I needed CONTINUED ON PAGE 154

HOW DRUNK *ARE* YOU?

Simply defined, blood alcohol content (BAC) is the concentration of alcohol in one's blood, measured as a percentage. A BAC rating of 0.08 percent, for example, means 1 gram per 1,250 milliliters in an individual's blood is alcohol—and in most states, that is the point at which one is legally intoxicated. There is, however, no easy formula for calculating BAC on the basis of how many drinks you've had (the Department of Health and Human Services defines one standard drink to consist of 1.5 ounces of 80-proof liquor, 12 ounces of beer, four to five ounces of wine, or four ounces of liqueur). "Blood alcohol content is highly dependent on individual [illegible]," says Ann Bradley, a spokeswoman for the National Institute on Alcohol Abuse and Alcoholism [illegible], Maryland.

[illegible] influences your BAC, including [illegible] eriod of time, your [illegible] d your body fat [illegible] more body fat than [illegible] thus slower alcohol [illegible] h play roles as [illegible] varying levels of gastric alcohol dehydrogenase, the group of natural enzymes that break down alcohol.

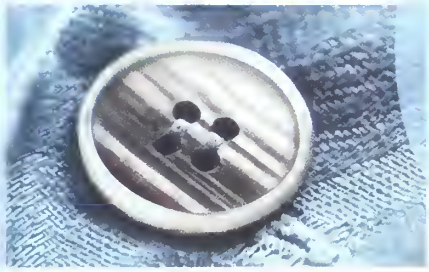
To further complicate matters, two people with the same BAC can experience wildly different degrees of impairment, says Vivian Faden, Ph.D., deputy director of epidemiology and prevention research at the NIAAA. Infrequent drinkers may feel the effects of the same amount of alcohol much more severely than do frequent drinkers. And of course, certain medications, such as antidepressants, painkillers and anything containing codeine, can interact with alcohol and intensify its effects, as can some over-the-counter cold and allergy medicines.

How long you stay drunk also varies a great deal, depending on a host of factors, but if you have consumed four drinks in under an hour on an empty stomach, it can take up to seven hours for your BAC to return to zero. (Coffee will not sober you up; the caffeine just makes you more alert.)

If you are driving, the best bet is to limit yourself to no more than one drink with a meal, although the safest course is to abstain entirely. For alcohol impairment charts for both women and men, go to *www.samhsa.gov*. —*M.L.*



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- Have a history of chronic lung disease. ORENCIA can worsen symptoms of chronic obstructive pulmonary disease (COPD).
- Are going to have surgery.
- Have had vaccinations recently or are scheduled to receive vaccinations.
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- **Allergic reactions** including hives, swollen face, eyelids, lips, tongue, throat or trouble breathing.
- **Malignancies**. There have been rare cases of certain kinds of cancer in patients receiving ORENCIA. The role of ORENCIA in the development of cancer is not known.

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QUESTIONS?

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HOW FRIENDS DON'T LET FRIENDS DRIVE DRUNK

We've all heard the phrase "friends don't let friends drive drunk," but keeping someone who has consumed too much alcohol from getting behind the wheel is rarely simple. First, few of us can assess accurately who is too drunk to drive, especially if we've had a few drinks ourselves. And second, someone who is too drunk is likely to be argumentative. So what do you do when book group is over and you and your friends have polished off enough pinot grigio to line several bookshelves with empty bottles?

You may be tempted to work out an equation to calculate just how intoxicated someone really is ("Well, we split four bottles, so that's about three glasses per person, but we've been here for four hours, so . . ."). *Don't!* Too many factors affect the way people metabolize alcohol to make such guesstimates even remotely useful.

The same goes for physical cues: One girlfriend might be glassy-eyed and as giggly as a fourth grader in a candy store, while another may seem as steady as ever but, as experts point out, driving skills can be impaired even when a person shows no visible signs of intoxication. The optimal strategy is to make a pact beforehand that anyone who drinks will catch a ride with the designated driver, call a cab or stay overnight at the hostess's home.

But let's say it's already too late for best intentions, and your friend has been tossing back apple-tinis all evening long. You *must* keep her from getting behind the wheel—despite the near certainty that she'll insist, "I'm fine!" Humor her ("Yeah, yeah, you and Lindsay Lohan"). If your friend is your ride, refuse to get in the car with her. Never be embarrassed to say, "I'll get home another way—and I think you should, too." Ask for her keys, but be prepared for a verbal assault. "What drinkers hate most is to have their keys taken away," says Bob Jacob, director of the Institute of Police Technology and Management, in Jacksonville, Florida. (In the future, consider having everyone who's drinking relinquish her keys at the start of the evening.) Try for an empathetic tone: "Hey, it happens to all of us. Next time you'll watch out for me." And offer options: "Come home with me and we'll have a pajama party."

If, despite your pleas, your friend weaves off into the night, realize that "the onus is on the person who has chosen to drink and drive," says Traci Hughes, a spokeswoman for the District of Columbia police department. And don't forget you still have a last-ditch option: Calling the cops. Your friend may wind up with a DUI charge and a suspended license, but your actions might save her life or someone else's. Just don't expect her to thank you in the morning—especially if she's calling from jail. *—Maura Christopher*

help. Get it and stick with it, he advised. Then he ordered me to sit in on a Victim Impact Panel in a few months. Sponsored by MADD (Mothers Against Drunk Driving) and sanctioned by the court, the panel would feature what one might suspect—the [illegible]-rending stories of loved ones cut [illegible] are [illegible]quely injured by someone who drank and drive.

[illegible] knew the [illegible] painkiller [illegible] and on [illegible] ing about seeing [illegible] after my elde[illegible]

and I had taken an early retirement from my job as a textbook editor in order to write freelance. I was still married then, and my husband badgered me constantly about "not having a real job," even though he made good money and worked long hours. As I saw it, outside of parenting—and we had done a mighty fine job of that—we didn't have a true partnership.

At first I fled from the situation, seeking refuge on long weekends in a room I rented in the country. My husband let me go, no questions asked. We lived this lie of a marriage for years, until 2004, when I finally sought professional help for myself. At my counselor's urging, I began asking my husband to make more time for our relationship and support me in my endeavors in the way I supported him. Initially I simply asked him to start coming home earlier than 9 one night a week so we could have more time to enjoy dinner and conversation together. He refused.

It was about this time, while I waited for him weeknight after weeknight, that I began to pour myself a glass of wine, then another, then another until he came home. On weekends we would host or go to parties, where CONTINUED



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we talked [illegible] more than to each other. We [illegible] decided to divorce. I moved permanently to the countryside I had come to love.

I felt stronger and less depressed and, in time, I met a man who was charming, intense and highly intelligent yet also somewhat troubled and focused primarily on his own needs. We had a fitful year, a merry-go-round of highs and lows fueled by a high level of sexual satisfaction and, yes, alcohol. He and I had broken up a few weeks before my DUI.

Even though my punishment was not harsh, in the weeks and months after my appearance before the judge, reality kept popping up. First, I had to slow down or stop my drinking. Second, I had to live with the driving restrictions. After a bit of wrangling I got permission to drive from 6 A.M. to 6 P.M. six days a week (except Sundays) to accommodate my erratic work schedule. Third, I was shelling out money all over the place—not only for the fine and court costs, alcohol safety classes and counseling but also for a new, restricted license ($165) and increased auto insurance premiums (double what I had been paying earlier).

I entered a world of change. Every time I got in the car I had to carry written verification, to be shown to the police should I be stopped for any reason, to justify that I was going to a work-related activity. At first, every time I got in the car I was constantly looking over my shoulder for the police. My freedom to go out for dinner, dancing, to parties and for my beloved Sunday hikes had completely disappeared unless I could persuade friends to drive me. The price of temptation—to take a chance and drive on a Sunday, for example—would be total suspension of my license for one year if I was caught. There was no question about whether I would ever get in my car after one or even half a drink, even though for a reason I never learned I had escaped having an interlock device installed on CONTINUED ON PAGE 160

THIS IS YOUR BRAIN ON ALCOHOL

All of us have the potential to become addicted, but not everyone who takes a drink or two succumbs. Scientists know that vulnerability to alcohol's siren song comes down to genes and environment (and sometimes a combination of the two). For example, genes that predispose to alcoholism can make someone more vulnerable to other stressors, such as anxiety or depression, which in turn can push him or her toward alcohol dependence.

Women also have an additional biological susceptibility because most naturally produce less of an enzyme called gastric alcohol dehydrogenase, which breaks down alcohol [illegible] it leaves the stomach. Women have less body water [illegible] estrogen, which some suggest enhances the [illegible] (see "How Drunk *Are* You?" page 150).

[illegible] brain-imaging technology, such as [illegible] tography) scans, means [illegible] areas "light up" and track [illegible] her addictive drugs like [illegible] and cocaine act on it.

[illegible] cell in the brain, notes Henry Kranzler, M.D., professor of psychiatry and associate scientific director of the Alcohol Research Center at the University of Connecticut.

It slows down information processing so it's tougher to think clearly; affects balance, making it difficult to walk a straight line; depresses sexual arousal and performance; and causes sleepiness. It alters levels of the brain chemicals called neurotransmitters, which relay signals controlling behavior, thought and emotion. In particular, alcohol increases dopamine, the neurotransmitter in the brain's reward center, creating a feeling of intense pleasure.

Addiction happens in part because the brain remembers the pleasure of that dopamine surge and wants to repeat it—again and again. Eventually, this finely tuned system breaks down: The brain adjusts to the rush by making less dopamine or decreasing the number of receptors that receive and transmit dopamine signals, gradually rendering the drinker unable to feel any pleasure at all from alcohol. This leads to drinking more to try to get dopamine levels back to normal and create the original feeling of gratification. —*Nissa Simon*



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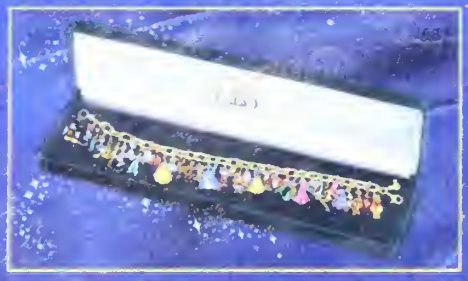
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my steering wheel. Under the law, if I were pulled over for anything and then caught with a BAC of even half the legal limit, I could be charged with a second DUI, the consequences of which would be disastrous for me—I'd lose what freedoms I had managed to come away with for a year but also have to drive with restrictions for another two years, serve more jail time, pay more fines and face the possibility of having an interlock device installed. A third DUI could lead to felony charges.

When all these facts settled in, I had quite an emotional session with my counselor. I railed against the driving restrictions that would so isolate a person with a problem, potentially driving them to drink even more, in solitude.

My counselor urged me to join AA (Alcoholics Anonymous), saying it is the most useful program for maintaining long-term sobriety. She warned me that unless I stopped drinking, chances were quite good that I would drink and drive again and, almost as if I'd broken a charm with my first arrest, I would very likely end up with a second arrest. Even if I maintained my resolve not to drink and drive, my continued drinking would lead to deteriorated health, she warned. The possible ill effects of significant daily drinking, wine included, were well known. It has been linked to not only impaired liver and kidney function but increased forgetfulness. And I'd already been drinking well over two glasses a day on average for at least 10 years.

My counselor began to treat me for depression in our ongoing sessions. So far I have resisted her suggestion that I take an antidepressant. I did [illegible] and became a Pilates [illegible]. After the DUI arrest, I committed myself to be more positive in all my relationships, including with myself. I began to study Buddhism as well, which led, this past summer, to my engaging in a weeklong Buddhist retreat, where we meditated, listened to religious lectures, ate a strictly vegetarian diet and abstained from any kind of substance abuse. I felt no compulsion to drink that week and I think the key was being surrounded by people who also were not drinking. At the end of the retreat I made two pledges: not to engage in sexual relations without love and long-term commitment, and to improve the truthfulness of my communications with myself and others.

Another pledge I could've made, but don't feel ready for yet, is to abstain completely from alcohol.

As of this writing I'm still drinking wine, although even on weekends my limit is now three glasses a day. Why can't I give it up? Patterns. Habit. Probably ongoing, underlying depression. So much of my adult and professional life has been associated with drinking wine, whether to mark the end of a deadline or to accompany good food or simply to be sociable and relaxed with friends or at a party. What's new is that some days I do not drink at all, and I do not drink before I drive at all. My habit is to drink lots of hot tea during the day if I'm going to drive at night, and I usually take a cup of hot tea with me in the car. I've found this quells my temptation to drink wine. If I drink wine at a friend's house, at a party or with friends at a bar, I do not drive afterward. My friends help me now, too. At parties they watch my behavior in a kind, not intrusive, way. We all make eye contact when we feel, as a group, that we should switch from wine to tea. And I have noticed a number of them have curbed their own drinking and have begun to designate a nondrinking driver to get them home.

I will continue to be as cautious as I am now. If I have an unplanned drink when I have driven myself somewhere, I will leave my car and get a ride home. I *have* to be that cautious. I will forever have that first DUI offense hanging over my head. If I get arrested for DUI again in my state, the consequences will be dire.

But I keep coming back to questions like . . . if a beautiful Parisian woman can have a glass of wine at lunch, why can't I?

Except that I know the answer. It's hard for me to stop at one glass. And when I look in the mirror, I see new dark circles under my eyes. The last time I got a physical, my liver was slightly enlarged. And I don't accomplish as much on any given day as I intend to. And I'm more forgetful than I used to be.

So, my New Year's resolution is to cut back even more, write more and possibly, now that my alcohol safety classes are over, substitute weekly attendance at nearby AA meetings. I don't know what effect that will have yet. I do remember what happened when an old friend quit drinking and started attending AA meetings. One night, in a bar (he was drinking cola), he came up to me, took my hands in his, and asked me to forgive him. Perhaps I'll get to that point, where I can forgive others but mostly myself for endangering what has otherwise been a pretty good, healthy life.

EDITORS' NOTE: At press time the author's driver's license suspension was slated to be lifted in September.

We've got to stop meeting like this.



Worried about how many times you excuse yourself?

You can do something about your bladder control problem. Ask your doctor about DETROL LA.

Have strong, sudden urges to go to the bathroom, and maybe even accidents? Go more than 8 times a day? If so, you may have a medical condition called overactive bladder. But with DETROL LA, you can help reduce the symptoms so you can worry less about your bladder.

One DETROL LA works 24 hours, all day and all night.* It helps calm the bladder muscle that causes those strong, sudden urges. Just imagine what a calmer bladder can do for you.

DETROL LA 24 HOURS

Detrol LA

tolterodine tartrate

extended release capsules

If you have certain stomach problems, glaucoma, or trouble getting urine to pass, you shouldn't take DETROL LA. The most common side effects are dry mouth, headache, constipation, and abdominal pain.

DETROL LA, like all medicines, has benefits and risks. There may be other options. Ask your doctor if DETROL LA is right for you. For more information, visit DETROLLA.com.

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IMPORTANT FACTS

Detrol LA
tolterodine tartrate
extended release capsules

(DEH-trol el-ay)

ABOUT OVERACTIVE BLADDER

Overactive bladder happens when the bladder muscle squeezes too often or it cannot be controlled. You may have wetting accidents (urge urinary incontinence). You may feel a strong need to pass urine right away (urgency). You may also feel you need to go often (frequency).

WHO IS DETROL LA (long-acting) FOR?

Who can take DETROL LA?

Adults 18 years and older with symptoms of overactive bladder.

Who should not take DETROL LA?

Do not take DETROL LA if:

- You have trouble emptying your bladder (urinary retention).
- Your stomach empties slowly (gastric retention).
- You have an eye problem called uncontrolled narrow-angle glaucoma.
- You are allergic to anything in DETROL LA.

DETROL LA did not help the symptoms of overactive bladder when studied in children.

BEFORE YOU START DETROL LA

Tell your doctor about all your medical conditions, including:

- Stomach or intestinal problems.
- Trouble emptying your bladder or if you have a weak urine stream.
- An eye problem called narrow-angle glaucoma.
- Liver or kidney problems.
- If you or any family members have a rare heart condition called QT prolongation (long QT syndrome). If you are pregnant or trying to become pregnant. We do not know if DETROL LA could harm your unborn baby.
- If you are breast-feeding. We do not know if DETROL LA passes into your milk or if it can harm your baby.

Tell your doctor about all your medicines. Include over-the-counter medicines, vitamins, and herbal products. Other drugs may change how your body handles DETROL LA. Your doctor may use a lower dose of DETROL LA if you take:

- Some medicines for fungus or yeast infections such as Nizoral® (ketoconazole), Sporanox® (itraconazole), and Monistat® (miconazole).
- Some medicines for bacteria infections such as [illegible] (clarithromycin) and erythromycin.
- [illegible] (cyclosporine) or Velban® (vinblastine).

POSSIBLE SIDE EFFECTS OF DETROL LA

The most common side effects are:

- dry mouth — constipation
- headache — stomach pain

These are not all the possible side effects of DETROL LA. For a complete list of side effects, ask your doctor or pharmacist.

HOW TO TAKE DETROL LA

Do:

- Take DETROL LA exactly as your doctor tells you. For some people, DETROL LA may not work right away. Check with your doctor before stopping DETROL LA.
- Take DETROL LA capsules once a day with liquid, at the same time each day.
- Take DETROL LA with or without food.
- If you miss a dose of DETROL LA, begin taking DETROL LA again the next day. Do not take 2 doses of DETROL LA in the same day.
- Store DETROL LA at room temperature and out of light.

Don't:

- Do not drive a car or work with machines until you know how DETROL LA affects you. Medicines like DETROL LA can cause blurry vision. They can make you dizzy and sleepy.
- Do not change the dose on your own. Talk with your doctor.

ABOUT DETROL LA

DETROL LA is a prescription medicine that treats the symptoms of overactive bladder.

- It reduces wetting accidents.
- It reduces the sudden, strong urge to pass urine.
- It helps you have fewer trips to the bathroom.

NEED MORE INFORMATION?

- This is only a summary of important information. Ask your doctor or pharmacist for complete product information.
- Go to www.detrolla.com.
- Call **(1-888) 4-DETROL (1-888-433-8765)**.

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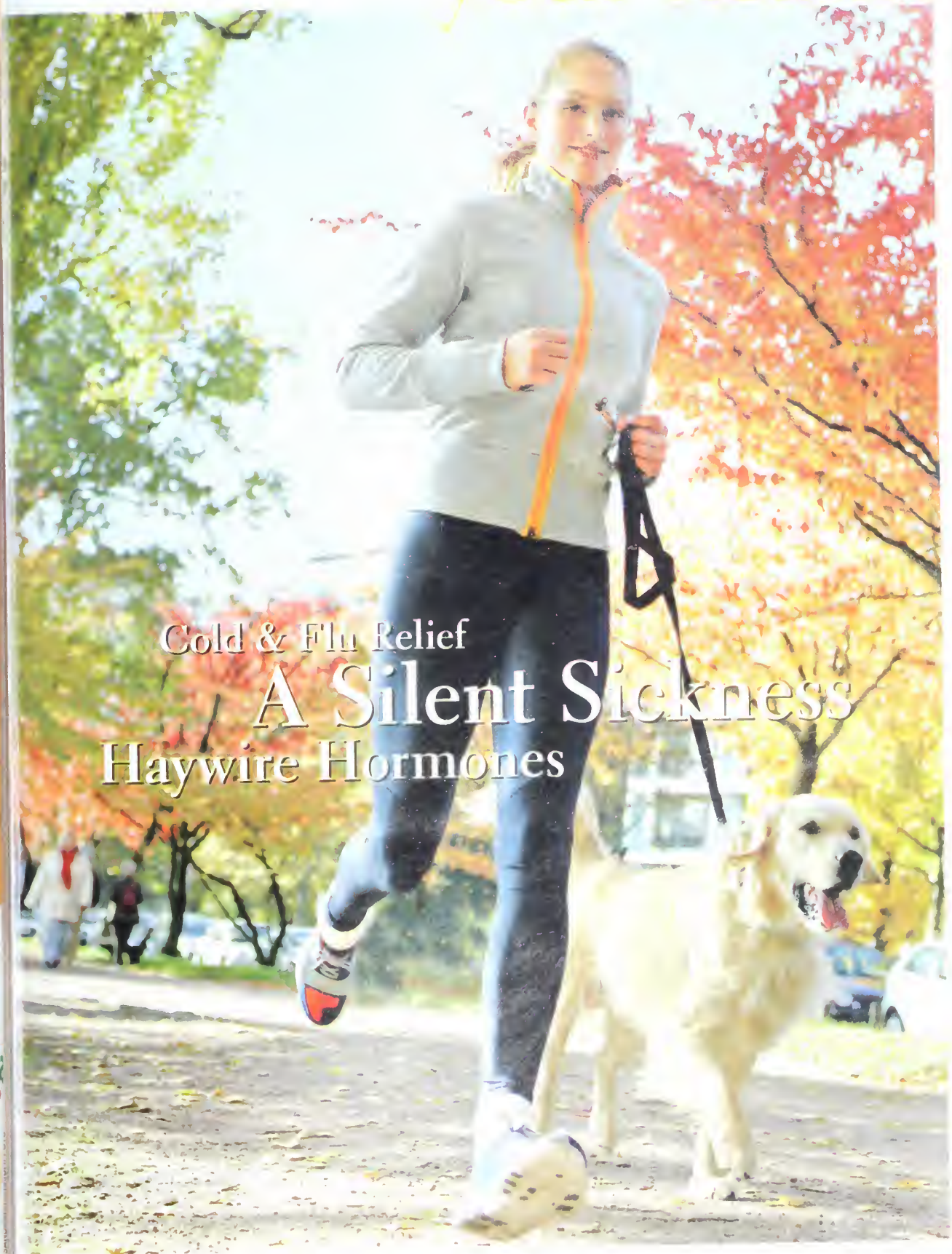
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Achy, Breaky Knees

Don't neglect sore knees: More than two-thirds of the nearly half a million Americans who have knee-replacement surgery every year are women—a number expected to jump 673 percent in the next 25 years as boomers age.

Wider pelvises make women's knees less stable. Even young female athletes are likelier than men to injure their anterior cruciate ligaments, which stabilize the knee joints, says Jo A. Hannafin, M.D., director of orthopedic research at New York City's Hospital for Special Surgery.

What's more, more than two-thirds of people with osteoarthritis are female. For knee pain from arthritis, three physical therapy techniques may help: Transcutaneous electrical nerve stimulation offered relief for two to four weeks, electroacupuncture for eight and low-level laser therapy for up to eight. These can be used alone or with prescription or OTC medication. Also: Ask about exercises for the muscles that support knees, says Dr. Hannafin.

—Catherine Winters

All Oils Are Not Created Equal: As trans-fat oils fall out of favor, you'll notice more palm oil in your foods. But for people with moderately high LDL or "bad" cholesterol, palm oil, just like partially hydrogenated oil, raises LDL levels, reports a Tufts University study. If that's you, stick to foods with oils such as canola and nonhydrogenated soybean.

—Kimberly Papa



Q: My husband takes a daily aspirin to lower his risk for various diseases, but I have heard aspirin doesn't help women as much. True?



DR. MARIANNE J. LEGATO: The best information on aspirin's benefits for women is from the Harvard Nurses' Health Study, which closely followed for three decades nearly 80,000 women with no history of cardiovascular disease or cancer. It found that taking a daily aspirin lowers the risk of death from cardiovascular disease, including stroke, and certain cancers—especially colorectal—in women, particularly those 65 and older.

You don't gain all these benefits right away. Protection from cardiovascular disease occurs after five years of daily aspirin use, while protection from cancer-related deaths isn't apparent until after 10 years. Only after 20 years does a modest protection from breast and lung cancer occur.

One to two 325-milligram aspirin tablets per week is fine. If you smoke, don't expect aspirin to protect you from lung cancer; any positive effect on lung-cancer risk is confined to those who have never smoked or quit.

Aspirin can cause bleeding in some people, so if you take even two tablets per week, get checked annually for blood in your stool. If you have a disorder like a low platelet count or take medicine to prevent clotting (like Coumadin), aspirin isn't for you.

Dr. Marianne J. Legato is the medical adviser to *Ladies' Home Journal* and the founder and director of the Partnership for Gender-Specific Medicine at Columbia University, in New York City.

Got that empty feeling? Come to the Beach.



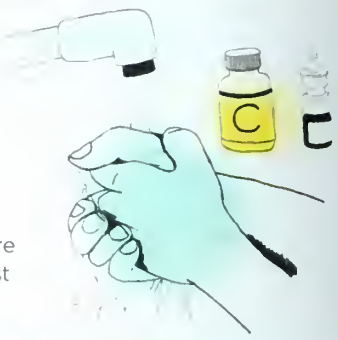


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and Lean Cuisine entrées.

	Protein	Fiber
South Beach Diet Grilled	29g	5g
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Life is better on the beach.



COLD COMFORT, NATURALLY

Most of us [illegible] sneeze our way through two to four colds per year. Is there anything gentler and natural that you can do to keep from getting sick in the first place? There are lots of possibilities, but which really work? Here, a rundown:

	RESEARCH FINDINGS	THE VERDICT
Vitamin C	2,000 milligrams or more per day doesn't help most of us but may prevent colds in marathoners, skiers or soldiers in subarctic climates.	Megadoses of C can upset your stomach, so stick with the RDA of 75 mg for women per day.
Exercise	In a year, sedentary women who only stretched had three times the risk for colds as those who walked briskly 45 minutes a day, five days a week.	There's no other proof of this, but given its many other health benefits, it's worth trying.
Zinc Gluconate Lozenges/Nasal Gel	Most studies have been flawed, says a major review. No unflawed study found a benefit from lozenges; only one saw a benefit from nasal gel.	The jury is still out on its value, plus zinc can cause a sore mouth or an upset stomach.
Echinacea	Some products cut the odds of catching a cold 58 percent and shorten colds by 1.4 days, says a recent analysis. Other studies are divided.	It may help. Take at first sign of a cold. (Check with your doctor—may be risky with some drugs.)
Washing Hands	A 2001 study found that Navy recruits who washed their hands at least five times a day had 45 percent fewer colds.	Use soap or a sanitizer, especially before eating and after being with someone with a cold.

SHOULD YOU TOSS YOUR TOOTHBRUSH AFTER A COLD?

No. Cold expert Jack Gwaltney, M.D., of the University of Virginia School of Medicine, in Charlottesville, says cold viruses usually do not infect through the mouth. If you rinse the brush after use, it won't have much virus on it.

—C.W.

Salt Water for Sniffles?

Prescription steroids are the usual cure for chronic sinus infections, but new data find that an over-the-counter saline solution may help ease symptoms. It thins and washes away mucus so congestion lessens.

—Lauren Strupp

FIGHT THE FLU



Good news: This year there's no flu vaccine shortage—132 million doses are available (up from 120 million in 2006). That's lucky, because 75 percent of Americans are at high risk for influenza—children six months to [illegible] people over 50, and anyone with [illegible] conditions such as diabetes, asthma or [illegible] flu complications such as pneumonia [illegible] people in the hospital.

[illegible] shot every year. The viruses [illegible] change, and so does the vaccine.

Needle phobic? Healthy people ages 5 through 49 can get the vaccine in a nasal spray. Doctors don't give it to everyone because it's made from a weakened form of the viruses (the shot is from *killed* virus).

The flu vaccine takes about two weeks to kick in, so it's best to schedule it in the fall. Since the flu season often peaks in January or February, even a late dose can help. If you get the flu, call a doctor right away. Taking a prescription antiviral, such as Tamiflu, within two days can shorten symptoms by a few days and reduce their severity as well.

—Mego Lien



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The New Silent Epidemic

One-third of America's diabetics aren't aware they have the disease. The consequences can be nothing short of deadly

By Janis Graham

Diabetes is now an epidemic in this country. The number of American adults diagnosed with the disease annually has spiked 54 percent in the last decade and now stands at an estimated 21 million. At this very moment one-third of the estimated 19 million who have type 2 diabetes—the much more common type doctors call adult onset—don't even know they're sick.

Cathy D. Mann didn't. At 48, when she noticed she was making more frequent trips to the bathroom and her vision was getting more blurry, she chalked up the changes to age. "I figured my symptoms were just a normal part of getting older, since I was nearing menopause. It never occurred to me that I might have diabetes," says the mother of two from Providence, Rhode Island.

Mann easily could have gone months, even years, before her diabetes was detected. While the rarer type 1 form is usually rapidly diagnosed in childhood because its CONTINUED

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symptoms are so severe, people live with type 2 diabetes for an average of four to seven years before they learn the truth.

Mann was lucky: Her diabetes was uncovered by a routine urine test she took when applying for additional life insurance. Although she didn't get the extra insurance, her life may have been saved. Undiagnosed or poorly controlled diabetes can have dire consequences. Over a period of years, it can damage the blood vessels and arteries of virtually every organ in the body, leading to heart disease, stroke, blindness, kidney disease, foot and leg problems that can require amputation, nervous-system damage, even gum disease. By the time they're diagnosed, a third of diabetes patients already have evidence of cardiovascular disease. And if a diabetic woman gets pregnant and her disease isn't being controlled, she has an up to 20 percent risk of miscarriage and a 10 percent risk of giving birth to a child with a major birth defect.

Diabetics and their babies aren't the only ones in danger. Half of American adults over age 40 have blood sugar levels high enough to put them in the gray zone now called prediabetes, which gives them a 30 percent risk of developing full-blown type 2 diabetes within three years. It almost goes without saying that most prediabetics don't know they're at risk, either.

Women with type 2 diabetes need to be especially concerned. They have twice the risk of heart disease, are likelier to have high blood pressure and have a higher chance of death from heart attack and stroke than do men with type 2. Treating the heart and blood-pressure aspects of diabetes is now thought to be as urgent and potentially lifesaving as controlling blood sugar. Yet women are less likely than men to receive aggressive management of their diabetes-related coronary artery disease or some of the recommended treatments, including lipid-lowering medications and aspirin, according to a 2005 Harvard Medical School study of 4,000 patients with diabetes. "Many doctors aren't aware that women experience diabetes differently and need somewhat different care than men," says Marianne J. Legato, M.D., founder and director of the Partnership for Gender-Specific Medicine at Columbia University and lead author of a groundbreaking 2006 review that gave doctors specific recommendations for caring for men and women with diabetes.

ARE YOU AT RISK?

Researchers don't completely understand why some women [illegible] the bullet of type 2 diabetes while others don't, but it's clear that certain factors besides having had [illegible] are pregnant (see "The Damage Done," [illegible]). Among them:

Excess weight. Even a modest weight gain of 11 to 17 pounds [illegible] your 18th birthday doubles your odds, according to a large Harvard study. Being obese (a body mass index [BMI] greater than 30) can increase them sixteenfold. Excess fat tissue produces a variety of hormones, fatty acids and other chemicals that make your cells more resistant to insulin. Where you carry your excess weight counts, too, according to a recent Harvard/University of Pittsburgh study CONTINUED

A TEEN PLAGUE

Almost four out of 10 teens in the United States are at risk for diabetes, according to Larry C. Deeb, M.D., president of medicine and science for the American Diabetes Association. "We risk losing an entire generation to this disease," he says, "if we don't do something now." Already, an estimated 2 million 12- to 19-year-olds have prediabetes.

Being overweight is the prime reason: The number of overweight children and teens has nearly tripled since 1980. If your doctor says that your child is overweight for his or her age, it's worth having a blood glucose test at age 10 or at the onset of puberty, especially for those who either have a family history of type 2 diabetes or belong to a high-risk ethnic group (particularly African-Americans, Latinos and Native Americans). If test results prove normal, your child should be screened for diabetes again in two years.



The key to turning the tide on diabetes is to make healthy eating and exercise habits a family affair. "A kid can't be expected to battle the problem alone—parents need to get involved and be good role models," says Dr. Deeb. If your child is at high risk, ask his or her doctor to direct you to resources, such as nutrition counseling, in your community; *www.shapeup.org* is a good source of ideas on how the whole family can eat better and become more active.

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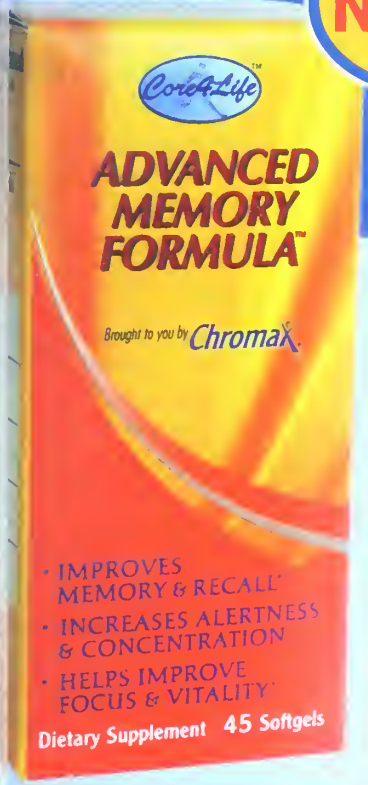
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that found the risk of type 2 diabetes increases progressively with the size of your belly. "If you're generally lean but carry extra pounds in your abdominal area, you're at greater risk," says Florence Brown, M.D., codirector of Boston's Joslin-Beth Israel Deaconess Diabetes and Pregnancy Program. (To calculate your BMI, go to *www.lhj.com/health*.)

SEDENTARY LIFESTYLE You can be thin, but if you're inactive you're still twice as likely to get type 2 diabetes as someone who exercises regularly. When you're sluggish, so is glucose delivery to cells, so you have higher blood sugar levels.

AGE As you get older, your pancreas may start to slow its production of insulin. But you don't have to be all that old. Type 2 diabetes increased 76 percent within a single decade among people in their 30s; half of all people diagnosed with diabetes are under 55.

FAMILY HISTORY Having one first-degree relative with diabetes doubles your risk; having two quadruples it.

ETHNICITY More than 6 percent of all Americans have diabetes, but that rate at least doubles for African-Americans, Latinos and Native Americans.

DEPRESSION People with the highest scores on a depression questionnaire were roughly 50 percent likelier to develop diabetes than those with the lowest scores, concludes a recent 10-year study at Northwestern University of nearly 4,700 adults. This mental illness may increase levels of the stress hormone cortisol, which can decrease the ability to use insulin efficiently. One bright spot: People treated with antidepressants didn't have elevated risk.

POLYCYSTIC OVARY SYNDROME Women with PCOS—a metabolic disorder that can trigger irregular menstrual cycles, thinning hair, acne, facial hair and infertility—are at high risk for getting type 2 diabetes at a young age even if they are of normal weight, notes a study from Pennsylvania State University College of Medicine.

THE DAMAGE DONE

People with diabetes don't properly metabolize glucose, the sugar the body makes from food. The key player in glucose metabolism is insulin, a hormone manufactured in the pancreas that moves glucose from the bloodstream into muscle, fat and liver cells, where it can be used as fuel.

With type 1 diabetes, the body fails to produce insulin at all. This inherited autoimmune disease accounts for about 5 to 10 percent of all cases. There's no way to prevent it, and type 1 diabetics need daily injections to survive. Type 2 diabetes—the kind most people [illegible] but doesn't use it well or doesn't make enough to keep blood glucose levels normal.

Pregnant women also need to be aware of gestational diabetes, which affects about 3 to 8 percent of pregnancies in women who haven't had diabetes problems before, usually in the sixth month. Triggered by pregnancy-related hormonal changes, gestational diabetes can lead to oversize babies, C-sections and dangerously low blood sugar levels in newborns if a woman doesn't get proper treatment. It usually disappears after the baby is born, but women who've had it have a 20 to 50 percent risk of developing type 2 within five to 10 years after delivery.

THE NEW WAY TO TAKE CONTROL

Once diabetes is diagnosed, your family physician or an endocrinologist who specializes in diabetes care should assemble a health-care team: an ophthalmologist or optometrist to check for eye complications, a podiatrist to keep tabs on your foot health and a nutritionist or diabetes educator to help you develop an eating plan.

There have been huge changes in how experts treat patients newly diagnosed with type 2 diabetes. For starters, intervention is global. "You don't just try to get blood sugars under control, you work simultaneously to get blood pressure and cholesterol numbers healthier," says Dr. Legato.

In addition, in a dramatic shift from the previous approach, treatment no longer starts with advice to try lifestyle interventions before moving on to blood-sugar-lowering medications. The American Diabetes Association (ADA) recently recommended metformin (brand names Glucophage, Fortamet, Glumetza) be prescribed at diabetes diagnosis. "Patients were spending, on average, three years CONTINUED



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WARNING SIGNS THAT GET MISSED



Among the earliest red flags are being unusually thirsty and experiencing frequent urination as the body tries to rid itself of excess glucose. You may be more tired, too, because sugar isn't reaching your cells and fueling them up. Other early signs: blurred vision, gum infection, frequent skin or vaginal infections, numbness or tingling in the hands or feet and weight loss.

But very often, having too much glucose in your blood doesn't cause symptoms right away. That's why the American Diabetes Association recommends that all adults have a fasting plasma glucose (FPG) test at age 45, then every three years thereafter. If you are overweight or have multiple risk factors, you should be tested earlier—even as young as age 10 (see "A Teen Plague," page 172).

The test is easy: You fast overnight or for at least eight hours, then blood is drawn and analyzed. A fasting blood glucose level between 100 and 125 mg/dl signals prediabetes (see "Diabetes Prevention" section, page 181), while a level of 126 mg/dl or higher means you actually have diabetes.

The catch? The FPG test may "underdiagnose the disease in women because they are less likely than men to have elevated glucose after a fast," says Dr. Marianne J. Legato. In women with significant risk factors (being overweight or a family history), diabetes should be ruled out only after an oral glucose-tolerance test, in which blood sugar is measured before you drink a very sweet liquid, then two hours later.

The urine test that caught Cathy Mann's diabetes (see page 170) is still a good first check, says Dr. Legato. It's not as specific but can be done in a doctor's office to decide if more tests are needed.

trying to lose weight or eat differently, often unsuccessfully, and all the while their diabetes was going untreated and often getting worse," says Anne Peters, M.D., director of the University of Southern California Clinical Diabetes Programs and author of *Conquering Diabetes*.

For blood sugar control, metformin is the initial drug of choice because it's effective and not associated with any long-term complications. It does have a few well-understood side effects, such as diarrhea and upset stomach. It works by lowering glucose production in the liver while simultaneously making muscle tissue more sensitive to insulin so more glucose is absorbed from the bloodstream.

Some women are able to keep their blood sugar on an even keel with no more than a dose of metformin once or twice a day; others need additional medicine, especially if blood glucose levels are very high. Rosiglitazone (brand name Avandia and called Avandamet when combined with metformin) has been linked to a higher risk of heart attack as well as loss of bone density in women. Avandia, Avandamet and similar drugs—including Actos (pioglitazone), Avandaryl (rosiglitazone and glimepiride) and Duetact (pioglitazone and glimepiride)—were recently required to carry a warning from the FDA in their packaging to alert consumers. You'll want to consider, with your doctor, the benefits and risks of your pill [illegible] about a new inhaled type of insulin called [illegible] looks safe so far, but experts are watching whether [illegible] long-term impact on the lungs. (Insulin can't be taken in pill form because stomach acid destroys it.)

Sometimes, though, the only way to control your blood sugar is with injections. That was the case for Susan Amati, a 48-year-old university administrator in Chicago who needs four daily insulin injections to keep her blood sugar levels under control. "The tinkering with pills was very frustrating. My blood sugar levels just couldn't be stabilized and for several months I was at the doctor's office all the time," says Amati, who was diagnosed with type 2 diabetes two years ago. "In comparison, the insulin is a breeze. I test my blood and give myself an injection of insulin based on what I need. I know all the time how well I'm controlling my blood sugar."

A cornerstone of treatment, in fact, is checking your blood glucose levels, which lets you and your doctor see what works and what doesn't. Depending on the severity of your blood sugar swings, you may need to check levels as often as six to 10 times a day if you are taking insulin or as infrequently as once or twice a day if you take pills. There are a number of spring-loaded lancet devices that make pricking yourself less painful. The blood is then put on a strip that goes into a CONTINUED

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- If you have uncontrolled high blood pressure, you should not use IMITREX.
- If you are taking certain drugs for depression, talk with your doctor.
IMITREX should not be used if you take or have taken within the last
2 weeks monoamine oxidase inhibitors (MAOIs).
- Your doctor will discuss with you the type of migraine headaches you have.
If you have hemiplegic or basilar migraine, you should not take IMITREX.
IMITREX should be used only in patients who have been diagnosed by a
physician as having migraine with or without aura.
- Tell your doctor about any other medicines you are taking. If you are
currently taking any migraine medicines that include ergot alkaloids, such
as methysergide or dihydroergotamine, or other 5-HT$_1$ agonists, do not
take IMITREX within 24 hours of taking these medicines.
- Do not take IMITREX if you are allergic to sumatriptan or any of the
ingredients in IMITREX.
- If you have severe liver disease, you should not use IMITREX.
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doctor should examine you for heart disease to see whether IMITREX is
appropriate for you. Risk factors include high blood pressure, high
cholesterol, obesity, diabetes, and smoking. Other patients with risk factors
for heart disease are women who are past menopause (whether natural
menopause or menopause resulting from surgery), men over 40 years old,
or patients with a family history of heart disease. If you have risk factors
and your evaluation for heart disease is satisfactory, your doctor may ask
you to take the first dose of IMITREX in the doctor's office.
- Tell your doctor if you have chest pains, shortness of breath, or
irregular heartbeats.
- Tell your doctor if you are taking antidepressants, such as, selective
serotonin reuptake inhibitors (SSRIs) or serotonin norepinephrine
reuptake inhibitors (SNRIs).
- Tell your doctor if you have a history of epilepsy or seizures.
- Tell your doctor if you have liver or kidney problems.
- Tell your doctor if you have ever had to stop taking any medicine because
of an allergy or other problems.
USE OF IMITREX DURING PREGNANCY AND BREAST-FEEDING
Do not take IMITREX if you are pregnant. Think you may be pregnant, are
trying to become pregnant, are not using adequate birth control methods,
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HOW TO USE IMITREX TABLETS
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- Some people have had chest pain after taking IMITREX. Call
your doctor right away if you have chest pain after using IMITREX.
- Some people have had changes in the eyelids,
vision, or eye movement. Call your doctor if they
occur after using IMITREX.
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- Some people have had
- Some people have had
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glucose meter, which can read your blood sugar levels quite quickly, often in less than 10 seconds. Dozens of computerized blood glucose meters are available that can also store your results and even send them to your doctor every day. Your diabetes-care team can recommend models and tell you which are covered by your insurance.

Managing blood sugar isn't the only key to staying healthy. Blood-pressure control is also critical. Women with diabetes are likelier to have high blood pressure than men with the disease. What's more, their high readings are associated with a 30 percent increase in cardiovascular disease, compared with a 14 percent increase in men. Among medicines for blood pressure, the beta-blocker carvedilol (brand name Coreg) also helps control blood sugar and is associated with less weight gain than some others.

Controlling cholesterol is top priority, too. Compared with men with diabetes, levels of triglycerides (a bad type of blood fat) are higher in women with the disease. Statin drugs (Lipitor, Mevacor, Lescol, Pravachol, Crestor, Zocor) effectively lower LDL (bad) cholesterol and triglycerides. They may also slightly raise levels of HDL (good) cholesterol—note that women with diabetes and a low HDL level are four times likelier to die than those with low HDL who aren't diabetic. One theory on why diabetes is so risky for women? High glucose levels may cancel out the cardiovascular protective effect of estrogen.

A daily low-dose aspirin, which acts as a blood thinner, is recommended for most women over 40 with type 2 diabetes, since the disease doubles their risk of stroke. In fact, diabetic women are likelier to die of stroke than are diabetic men, according to recent studies, notes Dr. Legato.

Finally, there's one treatment sometimes recommended for people with diabetes who are overweight by 100 pounds or more: weight-loss surgery. A review of more than 135 studies found that diabetes disappeared in 77 percent of patients who had the surgery, cholesterol was lowered in 70 percent and high blood pressure resolved in 62 percent. This is major surgery with a roughly $25,000 price tag not always covered by insurance. It's not suggested for diabetics with fewer than 100 pounds to lose, though studies are looking at that option.

TODAY'S DIABETES DIET

Contrary to popular belief, diabetes doesn't condemn you to a life of special foods and complicated diet plans, say experts. For many diabetics, it simply translates into sticking to regular mealtimes and eating a greater variety of foods, especially vegetables, fruits and whole grains, in moderate amounts. Even an occasional cookie or a piece of pound cake isn't off-limits. For more on diet, see the ADA's Web site (*www.diabetes.org*) and click on the "Nutrition and Recipes" tab. Alcohol in moderation is permitted, in most cases, but since it can interact with medication and affect blood glucose, check with your doctor.

Walking and weight loss also help slash heart disease risk in women with diabetes while helping to tame blood sugar swings. These changes can be hard to make. A recent survey of more than 22,000 CONTINUED

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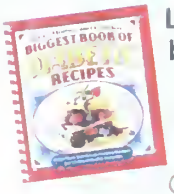
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lults by the University of Colorado ealth Sciences Center found that of ose with type 2 diabetes more than) percent don't exercise, despite octors' advice to do so.

Diane Gaw, a 58-year-old Worces-r, Massachusetts, administrative sistant with diabetes knows first-nd how hard following that diet id exercise advice can get. "You metimes feel so guilty because ou just can't do it all. I commute ree to four hours every day to ork so I don't have time to go to a m," says Gaw, who at 205 pounds nows that she needs to lose weight. But I can't let my whole life be ken over by the disease; I can only orry about diabetes so much. And bsessing about getting my weight own has never helped. It just resses me out more."

Still, Gaw says she has started to cus on not eating fast foods like amburgers and fries and on walk-g 10 minutes a day. These are ecisely the types of small switches at can add up over time and help, ys Dr. Brown, who feels strongly at "women with type 2 diabetes ould be encouraged for making ven modest lifestyle changes or nprovements." Gaw has gotten her lood sugar to a much steadier vel. She's surprised at how much etter she feels. "I can come home om work and actually have energy do things."

DIABETES PREVENTION

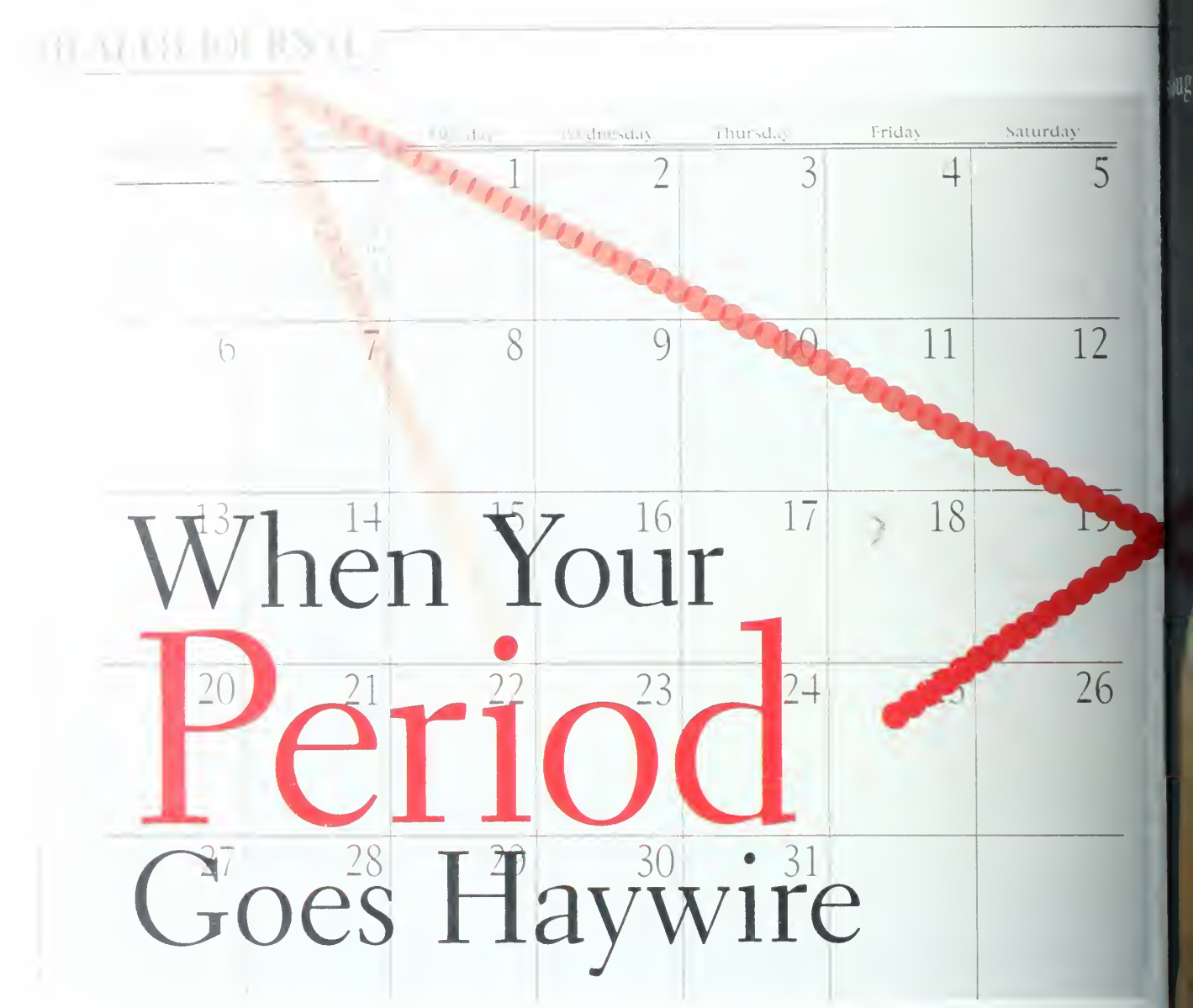
An estimated one in four Americans have prediabetes, or blood-glucose levels hat are higher than normal but not igh enough to be called diabetes. If our fasting blood glucose level is between 100 to 125 mg/dl (126 means you're diabetic), you should take action now. The ADA doesn't recommend drugs for prediabetes, but there's plenty you can do to rewrite your health future.

WALK 10 MINUTES A DAY Walking at a moderate pace for as little as an hour a week cuts your risk of getting diabetes 27 percent, according to the Nurses' Health Study, which has followed the health of 70,000 women since 1976. Up the ante to three hours a week at a brisker pace and you cut your risk 42 percent. Exercise stimulates the transport of glucose from the blood into muscles and other organs, lowering blood sugar.

LOSE 2.2 POUNDS If you're overweight and you drop as little as 2.2 pounds, your risk of diabetes may drop 16 percent. For each additional 2.2 pounds lost, risk drops another 16 percent, according to a major research study called the Diabetes Prevention Program. Losing pounds helps because it lowers the need for insulin.

EAT AN OUNCE OF NUTS A DAY A Harvard study found that women who consume one ounce of any type of nuts a day had a 27 percent lower risk of developing diabetes compared with those who never or almost never ate them. Despite the calories, women who ate nuts often were no more likely to have gained weight over the 16 year length of the study than those who avoided them. Nuts are a source of "good" polyunsaturated and monounsaturated fats, fiber and magnesium, all of which are linked to better glucose metabolism. Even an equivalent daily serving of peanut butter—about 2 tablespoons—was associated with a 21 percent drop in diabetes risk.





When Your Period Goes Haywire

The hormonal imbalance leading up to menopause can cause some unsettling—and surprising—symptoms. And they can start a lot earlier than you might think

By Linda Marsa

After years of periods that were as regular as clockwork, everything began going crazy when Denise Crandall turned 40. "When I started getting very heavy periods every two weeks I thought, 'This is ridiculous,' and went to see my gynecologist," says Crandall, a [illegible]-year-old mother of two active boys, 12 and 9, who lives in [illegible] Beach, California. She was also suffering from crippling [illegible] and would sometimes awake in the middle of the night drenched in sweat.

When [illegible] tests ruled out all the scarier possibilities, such as uterine cancer, it became clear that Crandall was going through perimenopause, the transition between normal menstrual cycles and full-blown menopause. Her doctor prescribed birth control pills, which steadied the hormone swings that were causing her symptoms, and Crandall felt like her old self again. "It's heaven," she says.

Many women in their early 40s and even mid-30s are caught off guard by symptoms like Crandall's that they don't connect to the menopause transition—from early hot flashes that feel a lot like fever to menstrual bleeding that becomes more or less frequent, heavy, light or just plain unpredictable. These changes may come on gradually CONTINUED


These BONES lived for *adventure*,
ought out the *unknown* and still laugh with *reckless abandon*.
They may also carry an INCREASED RISK for *fracture*.
1 OUT OF 2 WOMEN OVER FIFTY WILL SUFFER A FRACTURE IN HER LIFETIME DUE TO OSTEOPOROSIS.*
• That's why if you're postmenopausal you should talk to your doctor about ACTONEL and osteoporosis. ACTONEL helps protect bones by helping to block cells that can make them fragile. Your bones have always supported you. Help protect them with ACTONEL.
ACTONEL is a prescription medication to treat and prevent postmenopausal osteoporosis. Some risk factors for osteoporosis include Caucasian race, family history, small frame or smoking.
You should not take ACTONEL if you are allergic to any of the ingredients, if you have low blood calcium (hypocalcemia), have kidneys that work poorly, or cannot stand or sit upright for 30 minutes. Stop taking ACTONEL and tell your doctor if you experience difficult or painful swallowing, chest pain, or severe or continuing heartburn, as these may be signs of serious upper digestive problems. Follow dosing instructions carefully to lower the chance of these events occurring. Side effects are generally mild or moderate and may include back, muscle, bone or joint pain, stomach pain or upset, or constipation. Contact your doctor if symptoms are severe. Tell all of your healthcare providers about all the medicines that you take. If you have questions, talk to your doctor.
Please see Actonel patient information on the following page.
***Based on the 2004 Report of the Surgeon General on Bone Health and Osteoporosis.**
1-877-ACTONEL www.Actonel.com
Actonel
(risedronate sodium tablets)
Help protect your bones from fracture

Patient Information: ACTONEL® (AK-toh-nel) Tablets

ACTONEL® (risedronate sodium tablets) 5 mg, ACTONEL® (risedronate sodium tablets) 35 mg, and ACTONEL® (risedronate sodium tablets) 75 mg for Osteoporosis. Read this information carefully before you start to use your medicine. Read the information you get every time you get more medicine. There may be new information. This information does not take the place of talking with your health care provider about your medical condition or your treatment. If you have any questions or are not sure about something, ask your health care provider or pharmacist.

What is the most important information I should know about ACTONEL?

ACTONEL may cause problems in your stomach and esophagus (the tube that connects the mouth and the stomach), such as trouble swallowing, heartburn, (esophagitis), and ulcers. You might feel pain in your bones, joints, or muscles. (See "What are the Possible Side Effects of ACTONEL?")

You must follow the instructions exactly for ACTONEL to work and to lower the chance of serious side effects. (See "How should I take ACTONEL?").

What is ACTONEL?

ACTONEL is a prescription medicine used

- to prevent and treat osteoporosis in postmenopausal women (See "What is Osteoporosis?")
- to increase bone mass in men with osteoporosis.
- to prevent and treat osteoporosis in men and women that is caused by treatment with steroid medicines such as prednisone
- to treat Paget's disease of bone in men and women. The treatment for Paget's disease is very different than for osteoporosis and uses a different type of ACTONEL. This leaflet does not cover using ACTONEL for Paget's disease. If you have Paget's disease, ask your health care provider how to use ACTONEL

ACTONEL may reverse bone loss by stopping more loss of bone and increasing bone strength in most people who take it, even though they won't be able to see or feel a difference. ACTONEL helps lower the risk of breaking bones (fractures). Your health care provider may measure the thickness (density) of your bones or do other tests to check your progress.

See the end of this leaflet for information about osteoporosis.

Who should not take ACTONEL?

Do not take ACTONEL if you:

- have low blood calcium (hypocalcemia)
- cannot sit or stand up for 30 minutes
- have kidneys that work poorly
- have an allergy to ACTONEL. The active ingredient in ACTONEL is risedronate sodium. (See the end of this leaflet for a list of all the ingredients in ACTONEL.)

Tell your doctor before using ACTONEL if:

- you are pregnant or may become pregnant. We do not know if ACTONEL can harm your unborn child.
- you are breast-feeding or plan to breast-feed. We do not know if ACTONEL can pass through your milk and if it can harm your baby.
- you have kidney problems. ACTONEL may not be right for you.

Tell your doctor about all the medicines you take, including prescription and non-prescription medicines, vitamins and herbal supplements.

ACTONEL can interact with other medicines. Keep a list of all the medicines you take. Show it to all your health care providers, including your dentist and pharmacist, each time you get a new medicine.

How should I take ACTONEL?

The following instructions are for ACTONEL 5 mg (daily), ACTONEL 35 mg (once a Week), and ACTONEL 75 mg (Two Consecutive Days each Month):

- Take ACTONEL before you eat or drink anything other than plain water.
- Take ACTONEL with plain water only.
- Take ACTONEL while you are sitting or standing. Do not take ACTONEL if you are lying down.
- Swallow ACTONEL whole. Do not chew or suck on the tablet because this can cause irritation in your mouth.
- After taking ACTONEL, wait at least 30 minutes before you eat or drink anything other than plain water. Do not lie down for at least 30 minutes after you take ACTONEL. Do not take ACTONEL at bedtime or before getting up for the day. Do not take ACTONEL with food because food can lower the amount of medicine that gets into your body. Do not take ACTONEL with coffee, tea, juice, or milk-containing products because these drinks contain calcium and other substances that can lower the amount of medicine that gets into your body. Do not take ACTONEL with mineral water that contains calcium, and antacids at a different time of the day from when you take ACTONEL.
- Keep taking ACTONEL for as long as your health care provider tells you.
- For ACTONEL to treat your osteoporosis or keep you from getting osteoporosis, you have to take it exactly as prescribed.
- Your health care provider may tell you to take calcium and vitamin D supplements and to exercise.

What is my ACTONEL schedule?

If your doctor has prescribed **ACTONEL 5 mg daily (a yellow tablet):**

- Take 1 ACTONEL 5 mg tablet every day in the morning.
- If you miss a dose of your ACTONEL 5 mg in the morning, do **not** take it later in the day. Take only 1 ACTONEL 5 mg tablet the next morning and continue your usual schedule of 1 tablet a day. Do **not** take 2 tablets on the same day.

If your doctor has prescribed **ACTONEL 35 mg Once-a-Week (an orange tablet):**

- Choose 1 day of the week that you will remember and that best fits your schedule to take your ACTONEL 35 mg. Every week, take 1 ACTONEL 35 mg tablet in the morning on your chosen day.
- If you miss a dose of your ACTONEL 35 mg in the morning, do **not** take it later in the day. Take only 1 ACTONEL 35 mg tablet the next morning and continue your usual schedule of 1 tablet on your chosen day of the week. Do **not** take 2 tablets on the same day.

If your doctor has prescribed **ACTONEL 75 mg Two Consecutive Days each Month (a pink tablet):**

- Choose 2 days in a row during the month that best fits your schedule and that you will remember to take your ACTONEL 75 mg. Take 1 ACTONEL 75 mg tablet in the morning of your first chosen day. Take the second tablet in the morning of the following day. ACTONEL 75 mg tablets should be taken on the same two consecutive days each month.
- If you miss one or both tablets of your dose of ACTONEL 75 mg in the morning, do **not** take it later in the day.
  If the next month's scheduled doses are more than 7 days away do the following:
  If both tablets were missed, take the first ACTONEL 75 mg tablet on the morning after the day it is remembered and the second tablet on the next consecutive morning.
  If only one tablet is missed, take the missed tablet on the morning after the day it is remembered.
  You should then continue your usual schedule of ACTONEL 75 mg on two consecutive days each month.
  Do not take more than two 75 mg tablets within 7 days.
  If the next month's scheduled doses are 1 to 7 days away, you should wait until next month's scheduled doses and then resume taking ACTONEL 75 mg on two consecutive days each month as originally scheduled.
- **If you are not sure what to do if you miss a dose, contact your health care provider who will be able to advise you.**

What should I avoid while taking ACTONEL?

- Do not eat or drink anything except water before you take ACTONEL and for at least 30 minutes after you take it.
- Do not lie down for at least 30 minutes after you take ACTONEL.
- Foods and some vitamin supplements and medicines can stop your body from absorbing (using) ACTONEL. Therefore, do not take anything other than plain water at or near the time you take ACTONEL. (See "How should I take ACTONEL?").

What are the possible side effects of ACTONEL?

Stop taking ACTONEL and tell your health care provider right away if:

- **swallowing is difficult or painful**
- **you have chest pain**
- **you have very bad heartburn or it doesn't get better**

ACTONEL may cause:

- pain or trouble swallowing (dysphagia)
- heartburn (esophagitis)
- ulcers in your stomach and esophagus (the tube that connects the mouth and the stomach)
- pain in bones, joints or muscles, sometimes severe. Pain may start as soon as one day or up to several months after starting ACTONEL.

The most common side effects with ACTONEL include back pain, joint pain, upset stomach, abdominal (stomach area) pain, constipation, diarrhea, gas, and headache. Tell your health care provider if you have pain or discomfort in your stomach or esophagus. Rarely, severe skin reactions may occur. Patients may get allergic reactions such as rash, hives, or in rare cases, swelling that can be of the face, lips, tongue, or throat, which may cause trouble breathing or swallowing.

In rare cases, patients taking ACTONEL may get eye inflammation, usually with pain, redness and sensitivity to lig

Rarely, patients had jaw problems associated with delayed he and infection, often following tooth extraction.

These are not all the possible side effects of ACTONEL. You c ask your health care provider or pharmacist about other side effects. Any time you have a medical problem you think may l from ACTONEL, talk to your doctor.

What is osteoporosis?

Osteoporosis is a disease that causes bones to become thinn Thin bones can break easily. Most people think of their bones as being solid like a rock. Actually, bone is living tissue, just li other parts of the body—your heart, brain, or skin, for examp Bone just happens to be a harder type of tissue. Bone is alwa changing. Your body keeps your bones strong and healthy by replacing old bone with new bone.

Osteoporosis causes the body to remove more bone than it replaces. This means that bones get weaker. Weak bones are more likely to break. Osteoporosis is a bone disease that is q common, especially in older women. However, young people and men can develop osteoporosis, too. Osteoporosis can be prevented, and with proper therapy it can be treated.

How can osteoporosis affect me?

- You may not have any pain or other symptoms when osteoporosis begins.
- You are more likely to break (fracture) a bone especially if y fall because osteoporosis makes your bones weaker. You a most likely to break a bone in your back (spine), wrist, or hi
- You may "shrink" (get shorter).
- You may get a "hump" (curve) in your back.
- You may have bad back pain that makes you stop some activi

Who is at risk for osteoporosis?

Many things put people at risk for osteoporosis. The following people have a higher chance of getting osteoporosis:

Women who:

- are going through or who are past menopause ("the change
- are white (Caucasian) or Asian

People who:

- are thin
- have a family member with osteoporosis
- do not get enough calcium or vitamin D
- do not exercise
- smoke
- drink alcohol often
- take bone thinning medicines (like prednisone or other corticosteroids) for a long time

General information about ACTONEL:

Medicines are sometimes prescribed for conditions that are no mentioned in patient information leaflets. Do not use ACTONEL a condition for which it was not prescribed. Do not give ACTON to other people, even if they have the same symptoms you hav It may harm them.

What if I have other questions about ACTONEL?

This leaflet summarizes the most important information about ACTONEL for osteoporosis. If you have more questions about ACTONEL, ask your health care provider or pharmacist. They can give you information written for health care professionals. For more information, call 1-877-**ACTONEL** (toll-free) or visit ou website at www.actonel.com.

What are the ingredients of ACTONEL?

ACTONEL (active ingredient): risedronate sodium.

ACTONEL (inactive ingredients): crospovidone, ferric oxide red (35 mg and 75 mg tablets only), ferric oxide yellow (5 mg and 35 mg tablets only), hydroxypropyl cellulose, hydroxypropyl methylcellulose, lactose monohydrate (5 mg, 30 mg and 35 mg tablets only), magnesium stearate, microcrystalline cellulose, polyethylene glycol, silicon dioxide, and titanium dioxide.

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nd often mimic PMS: feeling ranky, anxious and depressed; gain- ıg weight; having trouble sleeping; eing exhausted. Some might also ignal serious conditions that aren't elated to menopause (see "Is It Peri- nenopause . . . or Something Else?" page 186). But they're most likely onnected to the wildly fluctuating evels of estrogen and progesterone vomen get as the ovaries begin to hut down.

THE CHANGE BEFORE THE CHANGE

Perimenopause" is a term that gets ossed around a lot without people nowing exactly what it means. As Grandall learned, doctors define t as the transition period when ıormal menstrual cycles begin to change in frequency and duration ınd ending at menopause, which ou reach after 12 months with no period. Although menopause is echnically just one day in your life after that you are "postmenopaus- l"), you can be in perimenopause or 10 years or longer, during which ime you are still very much capable of becoming pregnant. The average ıge for reaching menopause not brought on by surgery or chemo- herapy is 51.4, according to JoAnn V. Pinkerton, M.D., medical director of the Midlife Health Center at the University of Virginia. Only about 1 percent of women reach it before 40 and an additional 5 per cent between 40 and 45.

Perimenopause's swings in hormone levels are what spark abnormal bleeding. Expect two distinct phases: First, periods become shorter and come closer together as the egg sacs (follicles) in the ovaries produce less progesterone. Over time, estrogen production also drops and women enter the later stage: "Women are still producing some estrogen, but it's not enough to necessarily stimulate the endometrium and ultimately result in a period," says Isaac Schiff, M.D., a professor of obstetrics and gynecology at Harvard Medical School. This makes periods even more unpredictable and other symptoms more intense. Intervals between periods can be shorter or longer, and blood flow may be scanty to profuse.

As ovulation becomes more erratic, diminishing levels of progesterone (the hormone that prevents too much tissue buildup in the uterus) may lead to longer and heavier periods. You might go a few months without a period and worry you're pregnant— CONTINUED

Women in their 40s are second only to teenagers in their UNINTENDED PREGNANCY rate



IS IT PERIMENOPAUSE... OR SOMETHING ELSE?

Don't assume abnormal bleeding in your 30s or 40s is due to perimenopause. In 21 percent of cases there's a different reason. Irregular periods can be a sign of an underlying gynecological problem, such as uterine fibroids or excessive growth of the lining of the uterus. In rare instances, abnormal bleeding can signal cancer of the cervix, which can be detected by a Pap smear, or uterine or vulval cancer, both of which are diagnosed by a biopsy, in which a doctor takes a tissue sample to see whether it is cancerous. "Women need to get regular gynecological checkups," says Dr. Minkin. "They should get a Pap smear and a pelvic exam once a year."

Symptoms are a guide to what the problem might be:

BLEEDING OCCURS BETWEEN PERIODS.
Mid-cycle spotting can be a side effect of taking oral contraceptives. But if you're not on the pill, it could be a symptom of a benign cervical polyp, a chlamydia infection or an over- or underactive thyroid (a thyroid problem can lead to lack of ovulation, causing menstrual problems). Your doctor likely will order a thyroid-stimulating hormone (TSH) test to see if your thyroid is functioning normally.

BLEEDING IS EXTREMELY HEAVY.
You're changing tampons and pads every hour or periods last longer than eight days. A thyroid problem may be one cause; a TSH test will show if you have one.

The other likely candidate: fibroids, benign growths in or on the uterus or cervix. A transvaginal ultrasound test is often recommended to detect the presence of fibroids inside the uterus.

Fibroids generally shrink after menopause, but if the bleeding is severe, you need to treat it sooner. There are a number of options: You can shrink fibroids with a uterine artery embolization or have them surgically removed with a procedure called a myomectomy. More-drastic choices include a uterine ablation (in which the lining of the uterus is destroyed to stop bleeding) or hysterectomy (removal of the uterus). Hysterectomy renders women infertile and ablation can lead to serious complications if a woman later becomes pregnant.

and then get one again. Or you might actually *be* pregnant.

Although fertility declines with age, women in their 40s are second only to teenagers in their rate of unintended pregnancies, says Dr. Pinkerton, who is also on the board of the North American Menopause Society. "Because they are not ovulating regularly, perimenopausal women are at risk for getting pregnant throughout their cycle, even when they are bleeding," she says. "As a consequence, they really need to be conscientious about contraception."

Decreasing hormone levels also increase vulnerability to some diseases. Lower estrogen levels make the body start to lose bone faster than it can replace it (the greatest loss in women not on hormone therapy [HT] is in the six years after menopause and then the decrease levels off), which in turn increases the risk of osteoporosis. They also [illegible] changes in blood cholesterol levels, such as a [illegible] LDL cholesterol and a decrease in the "good" [illegible] more susceptible to heart disease. They also [illegible] uncomfortable symptoms—eyes may get drier, night [illegible] and vaginal tissue can become thinner, [illegible] which can make sex uncomfortable.

[illegible] and haywire hormones can also inhibit libido, making women less interested in having sex. Recent research indicates that about a third of pre- and postmenopausal women have sexual problems. Yet other studies suggest that our menopausal status isn't the sole culprit: Too much stress and other problems with mental and physical well-being can also be factors.

ARE YOU IN PERIMENOPAUSE?

Unfortunately, symptoms are the only guide. The blood test that looks at follicle stimulating hormone (FSH), a female hormone that identifies fertility, only indicates whether you have passed menopause.

For women who take oral contraceptives, figuring out what's going on can be even more complicated because these drugs smooth out hormonal swings. CONTINUED



Irregular?

Choose relief that's guaranteed.



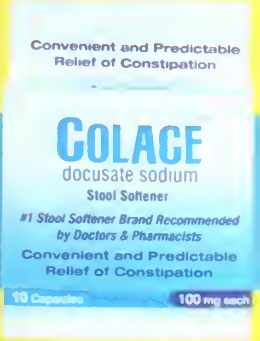
People who lead healthy, natural lifestyles are perfect for Senokot® Tablets. Senokot® Tablets are made from purified senna, a natural vegetable laxative ingredient that relieves occasional constipation gently, overnight.



Double-Strength SenokotXTRA® Tablets provide the gentle, overnight relief from occasional constipation. Extra strength, just as gentle.



For constipation associated with medications. Senokot-S® Tablets have the gentleness of Senokot® with the benefit of a stool softener.



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2006 P[illegible] P 87:53

And though they prevent you from ovulating, most still cause the monthly shedding of the uterine lining that seems like natural menstruation (see "Do You *Really* Need a Period?" page 192). Experts recommend that women on the pill periodically take an FSH test at the end of a pill-free week, starting around age 50, to see whether their levels mean they've reached menopause. The reason it's important? Oral contraceptives can be as much as four times stronger than HT; you don't want to take them if you no longer need them. On the flip side, HT doesn't dampen ovarian function: You can still get pregnant taking it.

Bear in mind that you may have to take the FSH test more than once to know for sure that you've passed through menopause. "That's because the ovaries don't die in one fell swoop—they usually sputter near the end," says Steven Goldstein, M.D., a professor of obstetrics and gynecology at New York University School of Medicine and author of *Could It Be . . . Perimenopause?*

NATURAL RELIEF OF SYMPTOMS

So what can you do to get through perimenopause if your symptoms are causing discomfort or distress? Start by identifying and changing behaviors that may provoke or intensify them, says Nancy Fugate Woods, Ph.D., dean of the school of nursing at the University of Washington, in Seattle, and a menopause expert.

This is also a good time to take stock of your health habits and make needed lifestyle changes that not only can smooth this transition but also prevent problems later on, says Mary Jane Minkin, M.D., a gynecologist at Yale University School of Medicine and author of *A Woman's Guide to Menopause and Perimenopause*. Eat better, exercise more, drop those excess pounds and stop smoking, if you haven't already done so.

Here's a rundown of what helps ease the symptoms that bother many women:

Hot flashes. Focus on avoiding known triggers—anything that elevates core body temperature, including hot weather, hot beverages and spicy food. Keep your bedroom and workplace cool, drink cold beverages and dress in loose layers so you can take off clothes if necessary. Cut down on coffee and alcohol; both cause blood vessels to constrict, which can contribute to hot flashes. And take a deep breath: A deep-breathing technique called paced respiration, in which you take slow, deep, full breaths, can avert the flash if you feel one coming on.

[illegible] bed and get up at the same time every day. [illegible] caffeine, alcohol or caffeinated drinks for six hours before bed. Exercising early in the day will help sleep; avoid exercising in the evenings, which can get you too revved up. And stop smoking, if you haven't already: One of the many bad effects that nicotine has on health is that it's a stimulant that makes it harder to fall asleep. Be aware, though, that insomnia is also a common side effect of nicotine withdrawal. Eventually this side effect goes away.

Heart disease. To counteract the hormonal changes that could raise cholesterol levels, eat low-fat, high-fiber foods—fruits, vegetables and whole grains. Get at least 30 minutes of aerobic exercise most days of the week.

Bone loss. Eat a diet rich in calcium: foods such as dairy products, fortified orange juice, salmon, almonds and soybeans. According to the National Osteoporosis Foundation, women over age 50 need 1,200 milligrams of calcium and 800 to 1,000 IUs of vitamin D daily, using supplements to augment what they don't get from food. (Those under 50 need 1,000 milligrams and 400 to 800 IUs, respectively.) Stimulate bone tissue and improve your balance with 30 minutes a day of weight-bearing exercise, such as brisk walking, jogging, hiking, stair climbing, step aerobics, dancing and racquet sports. Too busy for that? Ten minutes at a time can do the trick.



Managing Menopaus
From hormone therap to bone-density worries, heart health concerns to hot flashe the variety of issues t deal with during and after perimenopause can seem overwhelming. Get the information you need to survive and thrive in midlife at **WWW.LHJ.COM/MIDLIFE**

Weight gain. Out-of-whack hormones aren't why women tend to gain five to eight pounds during perimenopause. CONTINUED



Introducing Progresso® Light Soup.

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Try our new Homestyle Vegetable and Rice, Italian-Style Vegetable, Country Vegetable Barley, Southwestern Style Vegetable and Vegetable and Noodle. See how the scale has been tipped in your favor at ProgressoLight.com



You could be at risk for Shingles—a potentially serious disease.

Please answer the following questions to see how much you know. Then check your answers at the bottom of this page.

1. Shingles is caused by the same virus that causes chickenpox.
○ True ○ False

2. One out of two people who live to age 85 will have Shingles.
○ True ○ False

3. Shingles can appear at any time without warning.
○ True ○ False

4. Long-lasting nerve pain can be a complication of Shingles.
○ True ○ False

Please read the ad on the opposite page to learn more.

For more information, visit ShinglesAndYou.com

Ask about the facts.
Talk to your doctor or healthcare professional.

MERCK

Metabolism slows as we age, and men can pack on pounds, too. "But there's an excellent antidote to this—it's called exercise," says Dr. Minkin. "It'll boost your metabolic rate and increase your lean muscle mass, so you burn more calories." Do at least 30 minutes a day, if possible.

Vaginal dryness. Over-the-counter vaginal moisturizers, such as Replens, can relieve dryness and itching. Lubricants like K-Y Jelly or Astroglide can make intercourse less painful. Vaginal estrogen can also relieve symptoms. Studies show that exercise enhances one's sex life by maintaining blood flow to genital tissues. And having sex regularly also helps maintain vaginal lubrication and comfort.

Dry eyes. Lubricating eyedrops may alleviate that scratchy feeling. Eating at least four servings a week of food that contains omega-3 fatty acids, such as tuna, salmon, sardines, herring, flaxseed and canola oil, soybeans and walnuts, can reduce the risk of dry eye by nearly 17 percent. Though the research has been on food, you can also try using omega-3 fatty acid supplements (flaxseed oil). Although there are no official recommendations about how much people should take, some doctors suggest choosing one that provides two to three grams in a daily dose.

MEDICATIONS THAT MEND

If lifestyle changes don't do enough, consult your gynecologist. Low-dose contraceptives are normally the best bet to restore hormonal balance. Some doctors prescribe Loestrin 24 Fe, which contains 20 micrograms of estrogen per pill. The NuvaRing 21-day vaginal insert also delivers a consistent low dose of birth control hormones.

"[Low-dose birth control products] can diminish estrogen-deficiency-related symptoms, such as heavy bleeding, mood swings, inability to concentrate, sleep disturbances, vaginal dryness and free-floating anxiety," says Dr. Goldstein.

If you can't tolerate estrogen—some women get migraines or breast tenderness—low doses of progesterone alone may do the trick. "It's fine for a year or two," says Dr. Minkin.

For women who don't want to or shouldn't take birth control pills because they have a strong family history of breast cancer or have had it, they smoke or tend to form blood clots, there are a number of other alternatives to try. Hot flashes can be tamed by some of the newer antidepressants, such as Effexor (venlafaxine), or older ones, including Prozac (fluoxetine), as well as the epilepsy drug Neurontin (gabapentin) or clonidine, a blood-pressure medication. (Ask about side effects before trying; some are much milder.) Antidepressants also blunt mood swings sparked by hormonal spikes and treat bouts of depression.

Judicious use of prescription sleep medications can help insomnia. Be sure you're taking the right medication for your sleep problem. Long-acting drugs, such as Ambien CR, Halcion or Lunesta, which aim to get you to sleep through the night, may just make you feel groggy in the morning if you take one at 1 A.M. because you can't fall back asleep after being awakened by night sweats. A better choice: short-acting Sonata.

And because it's still possible to get pregnant, it's important to practice birth control. Pills CONTINUED



you've had chickenpox, you're at risk for this potentially serious disease.

ne out of ten adults in the United States have had ckenpox. You were probably one of them. Shingles aused by the same virus that causes chickenpox. e virus can remain inactive in your body. If the is becomes active again, it can cause Shingles.

ne older you get, your risk for ingles increases.

you get older, your immune system weakens. at means your risk for Shingles increases. In fact, he estimated 1 million cases of Shingles in the ited States every year, almost half of them occur adults age 60 or older. One out of two people o live to age 85 will have Shingles.

ingles can be painful and tentially serious.

e first signs of Shingles may include itching, gling, and burning. A few days later a blistering rash appears, which can last up to 30 days. For most people, the pain associated with the rash lessens as it heals. However, for some people, Shingles may lead to pain that can last for months or even years after the rash heals. This is called postherpetic neuralgia (PHN).

The pain from PHN can range from burning or throbbing to pain that is stabbing or shooting. For many people with PHN, even the touch of soft clothing or a slight breeze against the skin can be painful.

Shingles can lead to other serious complications that may include scarring, skin infections, muscle weakness, and decrease or loss of vision or hearing.

For more information,
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sk about the facts. *Talk to your doctor or healthcare professional today.*

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DO YOU *REALLY* NEED A PERIOD?

It's such an appealing idea: Just keep taking your birth control pills and no more periods. Good-bye bleeding, cramps, PMS

Vacationing women and brides have been doing it for decades. And doctors often prescribe continuous oral contraceptives to ease painful or excessive periods in women with endometriosis, severe PMS or menstrual migraines. Now, with the recent approval of birth control pills that limit or do away with periods altogether, this option is now available to many more women.

Oral contraceptives Yaz and Loestrin 24 Fe, for example, offer a 24-day dosing schedule that results in lighter periods of four days or less. A pill called Seasonique is based on a 91-day cycle, versus the 28-day cycle of standard pills, reducing periods to just four a year. And Lybrel, which was approved earlier this year, is a 365-day pill that suppresses menstruation completely.

But will we pay a price down the road for tampering with Mother Nature? Many experts don't think so. In fact, researchers estimate that women now have three times as many periods—about 450 over a lifetime—as our ancestors, who started menstruating later and spent many more years pregnant.

"There don't appear to be any long-term adverse effects," says Dr. Nanette Santoro of the Albert Einstein College of Medicine. "These pills can cause breakthrough bleeding, which can be a nuisance, but this diminishes over time. And when they work, they're terrific."

Menstrual suppression may even deliver some health benefits. Numerous studies have shown that taking birth control pills can reduce the risk of both ovarian and endometrial cancer up to 50 percent. Scientists speculate that each time a woman ovulates, the release of the egg ruptures the ovary, causing repeated injuries that can make some cells turn cancerous. Halting ovulation can stop this process.

For women with serious menstrual problems, eliminating periods can flatten the sharp hormonal swings that cause excessive bleeding, migraines and depression of severe PMS that sometimes happen in perimenopause. It can also end the agonizing cramps and bloating of endometriosis sufferers.

Still, stopping menstruation indefinitely is not for all. This group includes women prone to an adverse reaction to oral contraceptives, such as smokers who are over the age of 35 (nonsmokers can safely use them through menopause), insulin-dependent diabetics and women who have liver or heart disease, high blood pressure or a tendency to form blood clots. Other poor candidates, says the University of Virginia's Dr. Pinkerton, "are women who are not good about remembering to take a pill every day, those who are comforted by having regular menstrual cycles, or those who don't want irregular bleeding."

One thing that doesn't seem to be a problem: a buildup of the uterine lining. Although natural menstruation sheds the lining every month, birth control pills suppress ovulation. When that happens, the lining thins and may not need to be shed monthly.

...vaginal ring are still the most foolproof methods of prevent... pregnancy, and they have an added benefit of easing peri... menstrual symptoms.

...middle-aged women, whose fertility is greatly dimin... barrier methods, such as a diaphragm, spermicides, con... sponge, can generally work just as well.

...experience it, perimenopause can be a ... "Most women would benefit by having a doctor help them sort this out," says Nanette Santoro, M.D., a professor and director of reproductive endocrinology at the Albert Einstein College of Medicine, in New York City. "A reproductive endocrinologist or a gynecologist who is a menopause specialist can usually provide the best advice."



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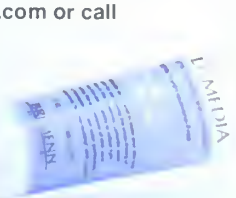
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A Down-Home Holiday With Paula Deen

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DEEP-FRIED TURKEY

"THANKSGIVING Is My Favorite Holiday"

Food Network sensation Paula Deen invites us home for the holidays with her family and whips up her all-time favorite—and downright decadent—Thanksgiving feast

PHOTOGRAPHED BY ALAN RICHARDSON WRITTEN BY SHERRY SUIB COHEN



How the Deens do it (from left): Peggy Ort, Paula Deen, Jamie Deen, Brooke Deen (holding baby Jack), Michael Groover, Jay Hiers (standing), Dawn Hiers (obscured), Bubba Hiers, Corrie Hiers, Bobby Deen, Anthony Groover

For Paula Deen there are a baker's dozen reasons to be thankful: the two Emmys she recently won for her Food Network show, *Paula's Home Cooking;* her burgeoning food magazine, *Cooking With Paula Deen;* her best selling cookbooks; her well trafficked Web site, PaulaDeen.com; her popular Savannah eateries The Lady and Sons and Uncle Bubba's Oyster House. But this Thanksgiving, as the 60-year-old chef gathers her family into the dining room of her gracious home, it quickly becomes apparent that Paula's [illegible] is the people sitting around [illegible] *Home Journal* pulled [illegible] Deen family table [illegible]

[illegible] for? Are you [illegible] letting loose [illegible] peals of laughter. "Look at who I got under my roof—only my whole family, who I love to death. There's Jack, my new grandson—he's my son Jamie and his wife Brooke's baby. I love my little Jackpot so much I wonder how come I didn't have an empty hole in my heart before he came. There's Bobby, my other son, who was recently named one of the most eligible bachelors. There's my brother, Bubba, and his new wife, Dawn, and Dawn's boys Trevor and Ian, and Bubba's kids, Corrie and Jay. There's the matriarch of our family, Aunt Peggy [Ort]. And there's my Michael—do you believe I got me a cute guy eight years younger? And Michael's son Anthony. And the dogs Otis and Sam and Cody and Bodine—all with their paws under my table. We're all healthy and walkin' and laughin', and you know what else? Thanksgiving is my most favorite holiday because you don't have to wrap no presents for 30 people after you've had to figure out what they don't have. You only have to bribe these kids with a great meal and they're here.

"We don't bother with a lot of Thanksgiving rituals," Paula continues. "Jamie says grace in the kitchen as we all join hands in a prayer circle. And then it's eatin' time. We laugh and eat and rest and eat some more. Humor is so much a part of us—if you don't laugh, you cry."

"I've always loved Thanksgiving," says Michael [Groover, Paula's second husband, whom she married in 2004]. "But my best one was probably the first one with CONTINUED



MENU: Cola-Basted Ham • Deep-Fried Turkey • Green Beans With Red Potatoes
Southern Cornbread Stuffing • Sweet-Potato Casserole • Stuffed Cranberry Sauce
Double-Chocolate Gooey Butter Cake • Thanksgiving Pumpkin Pie • Turkey Potpie

Deep-Fried Turkey (left) and Cola-Basted Ham with all the fixings

LHJ.com For a traditional Thanksgiving turkey recipe, plus scrumptious pan gravy, visit www.lhj.com/turkey


Paula with (from left) Peggy, Corrie and Bobby



Paula. I'd found a soul mate who could cook. You know, for so many years I thought my Momma was telling me to marry a kook. Years later I realized she was sayin' I should marry a *cook*. I couldn't go wrong because I did marry a kook who turned out to be a cook."

THANKSGIVINGS PAST

"After the anchors of our family were gone I felt displaced," says Paula [EDITOR'S NOTE: Deen's parents, Corrie and Earl Hiers, had both died by the time Paula was 23.] "But my Daddy's brother, Uncle Bernie, and my Aunt Glennis took over hosting CONTINUED



THE DEENS' LIST

- Use a candy thermometer to keep oil temperature between 325°F and 350°F (see Where to Find It, page 220).
- Cool, filter and reuse the peanut oil up to three times. For folks with peanut allergies, use corn oil instead.

PAULA SAYS: "Remember whenever you're fryin' a turkey you have to exercise all the cautions, 'cause you don't want the fire department for lunch"

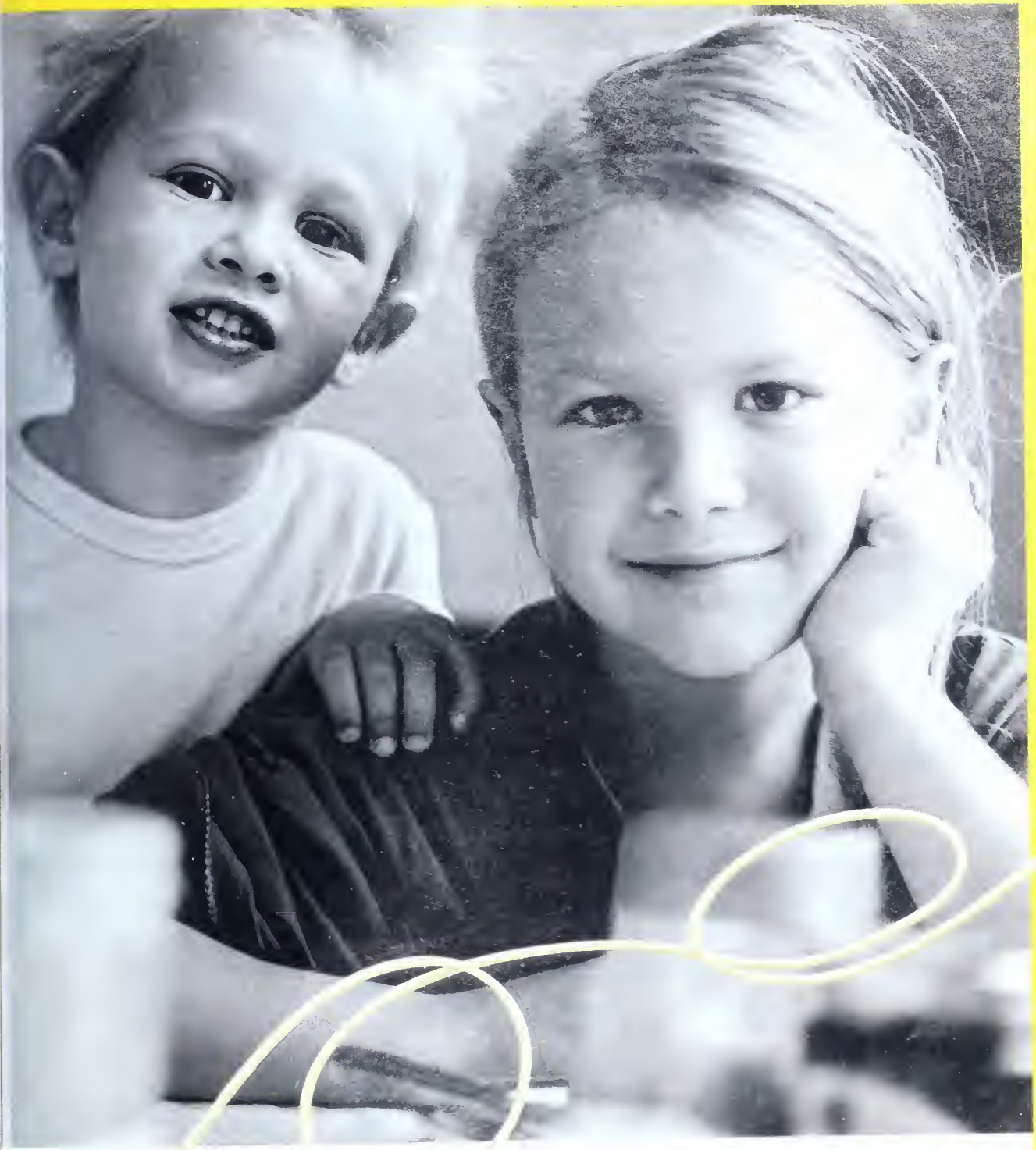
Deep-Fried Turkey

MAKES 12 TO 15 SERVINGS
Prep time: 30 min
Total time: 1 hr 20 min

- 1 10-lb turkey (neck and giblets removed), thawed if frozen
- 2 tablespoons favorite dry rub
- 3 to 5 gallons peanut oil
- Rosemary, thyme and oregano sprigs, for garnish
- Apple slices, for garnish

- Rinse turkey inside and out; pat dry. Coat with dry rub. Let stand at room temperature 1 hour.
- Heat oil in a turkey fryer (see Where to Find It, page 220), following manufacturer's safety instructions, to 350°F, checking temperature with a candy thermometer. Slowly lower turkey into oil, making sure it is fully submerged. Fry until an instant-read thermometer inserted 2 inches into the inner thigh of turkey (without touching bone) registers 165°F, carefully removing turkey from oil to check temperature, about 35 minutes. Carefully remove turkey from oil and drain on paper towels; let stand 10 to 15 minutes before carving. Transfer to a platter and garnish with herb sprigs and apple slices, if desired.

Per serving (based on 15 servings): 370 calories, 20 g total fat, 4 g sat fat, 260 mg sodium, 0 carbs, 28 mg calcium, 132 mg chol, 44 g protein, 0 fiber



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THANKSGIVING PUMPKIN PIE

Thanksgiving for the next 20 years or so, and the entire family would gather at their home, in Statesboro, Georgia. I would just live for those Thanksgivings. We'd get in on Wednesday and set up the poker table and the grown-ups played poker for four days, just stoppin' to eat."

"As dark as our year might have been, Thanksgiving was always a bright spot," says Jamie. "Aunt Glennis and Uncle Bernie lived in an old house with a catfish pond, so we fished."

"And there was deer and bird huntin'," says Bobby. "People drove five and six hours to get there so we didn't want to eat, turn around CONTINUED

Thanksgiving Pumpkin Pie

MAKES 6 TO 8 SERVINGS
Prep time: 15 min
Total time: 1 hr 25 min

- 3 large eggs
- 1 cup dark corn syrup
- ½ cup sugar
- 4 tablespoons butter, melted
- 1 cup canned pure pumpkin
- 1 teaspoon pure vanilla extract
- 1 cup chopped pecans
- 1 9-inch purchased unbaked pie shell
- Whipped cream and fresh mint leaves, for garnish

◆ Heat oven to 350°F and place rack in center. In a mixer bowl, beat eggs on medium speed 1 minute. Beat in corn syrup, sugar, butter, pumpkin and extract until combined well. Spread out nuts in bottom of pie shell. Slowly pour pumpkin mixture over nuts.

◆ Bake until a knife inserted 1 inch from edge comes out clean, about 1 hour. Transfer to a wire rack and let cool slightly before serving. Garnish with whipped cream and mint leaves, if desired.

Per serving (based on 6 servings): 590 calories, 32 g total fat, 9 g sat fat, 313 mg sodium, 75 g carbs, 56 mg calcium, 133 mg chol, 6 g protein, 3 g fiber


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and go home. There'd be homemade pallets and cots and quilts all over the modest house."

"Thanksgiving morning, Paula, Aunt Beth and Aunt Glennis would make us country breakfast," says Corrie, Paula's niece, "no matter that soon we would eat an endless Thanksgiving dinner. Then there were great platters of food and sweets laid out all over the house."

"Thanksgiving was never a formal dinner," says Bobby, "it was a day of grazing."

"Of course, we all brought our special dishes," says Paula. "Aunt Glennis made the best macaroni and cheese and green corn. But I always brought the stuffin', 'cause she made absolutely the worst stuffin'."

"We might not have had a lot of money," Peggy says, "but we never realized things were bad. Although we knew we were of modest means, we never felt poor."

THE BIRTH OF A COOK

"I bet I'm the only one here who remembers the first Thanksgiving dinner Paula cooked!" says Peggy. "It was November 1970. She was in her kitchen and I was in mine. Every few minutes she'd call me wantin' to know how to start her Butterball turkey. I'd be trying to do my own dinner and teach her how to do hers at the same time. Finally, her Uncle George called out, 'Peggy, for God's sakes, tell Paula to get offa that damn phone or I'll never have my turkey dinner.'

"I'm not surprised by the fame that's happened to Paula," continues Peggy. "The way I saw her improvise I knew she'd make it. Once, when she'd just opened her first restaurant, The Lady, in 1991, she had a customer waiting for a sandwich. She was missing so much in that place—didn't even have a spatula to apply the mayonnaise. Well, Paula, she just washed her hands real good, reached down two fingers into that gallon jug o' mayonnaise, brought them up and slathered the stuff on the bread. I knew then that no lack of a spatula or anything else could stop my Paula."

"Success got me way too late in life to change me," says Paula. "Some things in life—fame, money—they are gone just like that. But the love of family—that never fades away. I'm very aware that one mistake and it could all be over. But I also think that mistakes can turn into blessings which turn us into the people we are. In the end, if I wake up on the right side of the dirt, there's always time to make it better."

HOME IS WHERE THE STOVE IS

"When Uncle Bubba's opened, in 2004, there we were, all back together again on Thanksgiving, workin' in the restaurant," says Corrie.

"I remember," says Bubba. "We'd been super-busy for the week before and on Thanksgiving, about 3 or 4 o'clock, Paula and I looked at each other and she said, 'Oh my God, we're outta turkeys.' So we jumped in the car and went to Kroger and Publix and found some more turkeys and hams and we fed about 1,100 people.

"Lately," Bubba continues, "we work all Thanksgiving and when the restaurant closes, we sit at the bar and eat."

"When our guests are gone, we've been known to go into the kitchen and take a few gobbles out of the pots," says Corrie. "Everyone's drinkin' Diet Pepsi and, eventually, you'll hear a burp. Then another. Paula has done some very loud burps herself!"

GIVING THANKS

"My nephew Jack gives me a new perspective on life," says Bobby. "I've never been married, but watching my brother and his wife and child—well, now I want that, too, and soon."

"This is Jack's second Thanksgiving," says Paula. "He won't remember anything about it. But I hope the feelings he senses today will set the stage for his whole life—that is to know how important family is and how big a part food has played in his destiny. Food is our second soul. It generates our whole being. It's the vehicle that brings us together and ties us together."

CONTINUED



COLA-BASTED HAM



Trevor (left) passing the turkey as Jay looks on

Make some holiday magic.

Campbell's

make in minutes

Prep: 10 min. Bake: 30 min. Makes: 12 servings

Green Bean Casserole

2 cans (10 3/4 oz. *each*) Campbell's® Cream of Mushroom Soup (Regular *or* 98% Fat Free)
1 cup milk
2 tsp. soy sauce
1/4 tsp. ground black pepper
8 cups cooked cut green beans
1 can (6 oz.) French's® French Fried Onions (2 2/3 cups)

1. Stir soup, milk, soy sauce, black pepper, beans and 1 1/3 cups onions in 3-qt. casserole.
2. Bake at 350°F. for 25 min. or until hot. Stir.
3. Top with remaining onions. Bake for 5 min. more.



Go Nuts! *Toast cup sliced almonds. Add with remaining onions*



Bring on the Bacon: *Cook 4 slices bacon until crisp and crumble. Add to green bean mixture*



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M'm! M'm! Good! Casserole POSSiBiLiTies



STUFFED CRANBERRY SAUCE

Anthony (far right) and Bobby enjoy the Stuffed Cranberry Sauce

Green Beans With Red Potatoes

MAKES 8 TO 10 SERVINGS

Prep time: 20 min
Total time: 1 hr 35 min

- 3 lbs fresh green beans, trimmed
- ¼ lb salt pork, sliced
- ¼ cup bacon fat
- 3 to 4 cups chicken broth
- 2 to 3 teaspoons Paula's House Seasoning, to taste (see Where to Find It, page 220)
- 12 small red potatoes
- 1 onion, thiny sliced
- 4 tablespoons butter, sliced
- Freshly ground pepper

◆ Snap beans in half, place in a colander and rinse; let drain.

◆ Meanwhile, in a large Dutch oven, cook salt pork in bacon fat over medium heat, turning frequently, until lightly browned, about 10 minutes. Add beans and stir with a wooden spoon until coated well with fat. Add 3 cups broth and the seasoning. Cover and cook over medium-low heat, stirring occasionally, until beans are softened, about 30 minutes.

◆ Meanwhile, using a vegetable peeler, peel skin around center of each potato. Add potatoes and onion CONTINUED



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to Dutch oven; if bottom is dry, add ¼ cup broth. Cover and cook until potatoes are fork-tender, 25 to 30 minutes, occasionally adding broth, ¼ cup at a time, if needed.

◆ Slightly uncover pot and continue to cook until beans are wilted, about 15 minutes more; add butter and season with pepper.

Per serving (based on 8 servings): 310 calories, 24 g total fat, 10.5 g sat fat, 408 mg sodium, 22 g carbs, 71 mg calcium, 34 mg chol, 6 g protein, 6 g fiber

Southern Cornbread Stuffing

MAKES 6 TO 8 SERVINGS

Prep time: 30 min

Total time: 1 hr 30 min

Olive oil, for baking dish
1 8-inch round cornbread or 6 standard muffins, crumbled
7 slices oven-dried white bread, cubed
1 sleeve saltine crackers, crumbled
½ cup (1 stick) butter
2 cups chopped celery
1 large onion, chopped
7 cups chicken broth
1 teaspoon salt
¼ teaspoon freshly ground pepper
1 teaspoon dried sage (optional)
1 tablespoon poultry seasoning (optional)
5 large eggs, beaten

◆ Heat oven to 350°F and place rack in center. Lightly oil a large baking dish. In a large bowl, combine cornbread, white bread and crackers; set aside.

◆ In a large skillet, melt butter over medium heat. Add celery and onion; sauté until softened, 5 to 10 minutes. Pour over cornbread mixture, add broth and combine well. Stir in salt, pepper, sage and poultry seasoning (if using). Add eggs and combine well.

◆ Pour stuffing into prepared baking dish and bake until lightly browned, about 45 minutes.

Per serving (based on 6 servings): 675 calories, 35 g total fat, 13 g sat fat, 1,706 mg sodium, 71 g carbs, 176 mg calcium, 252 mg chol, 23 g protein, 2 g fiber CONTINUED

"Create a pilgrimage to the table."





Katie Brown, Lifestyle Expert and TV Host
JELL-O Brand is a proud sponsor of the
Katie Brown Workshop on Public Television.



Turtle Pumpkin Pie

Prep: 15 min. plus refrigeration

- …up plus 2 Tbsp. caramel topping, divided
- …ONEY MAID Graham Pie Crust (6 oz.)
- …up plus 2 Tbsp. PLANTERS Pecan Pieces, divided
- …up cold milk
- …g. (4-serving size each) JELL-O Vanilla Flavor Instant …udding & Pie Filling
- …up canned pumpkin
- …p. ground cinnamon
- …p. ground nutmeg
- …b (8 oz.) COOL WHIP Whipped Topping, thawed, divided

POUR ¼ cup caramel topping into crust; sprinkle with ½ cup pecans.

BEAT milk, dry pudding mixes, pumpkin and spices with whisk until blended. Stir in 1½ cups whipped topping. Spread into crust. Top with remaining whipped topping.

REFRIGERATE 1 hour. Top with pecans and drizzle remaining caramel with fork. Store leftovers in refrigerator.

MAKES 10 servings, one slice each. For other great recipes, visit jello.com and coolwhip.com.





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DOUBLE-CHOCOLATE GOOEY BUTTER CAKE

Cola-Basted Ham

MAKES 12 SERVINGS

Prep time: 10 min

Total time: 3 hrs 5 min

Olive oil, for pan
1 8-lb fully cooked spiral-cut bone-in ham
1 can (12 oz) cola
1 can (20 oz) pineapple slices
40 whole cloves
10 maraschino cherries

◆ Lightly oil a shallow roasting pan. Place ham, cut side down, in pan and let stand at room temperature 1 hour.
◆ Heat oven to 350°F and place rack in lower third. Pour cola over ham and cover with foil.
◆ Bake, basting every 30 minutes, until an instant-read thermometer inserted 2 inches into center (without touching bone) registers 140°F, about 1½ hours. Drain pineapple slices and arrange on ham, attaching with cloves, and place 1 cherry in center of each; bake 15 minutes more. Transfer ham in pan to a wire rack and let stand 10 minutes before carving.

Per serving: 330 calories, 11 g total fat, 3.5 g sat fat, 2,891 mg sodium, 129 g carbs, 25 mg calcium, 99 mg chol, 43 g protein, 1 g fiber

CONTINUED



Bubba's wife, Dawn, digs in

Go behind the scenes of our cover shoot with Paula at www.lhj.com/pauladeen



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With a name like Smucker's, it has to be good.

Stuffed Cranberry Sauce

MAKES 14 TO 16 SERVINGS

Prep time: 15 min **Total time:** 15 min

- 1 container (8 oz) whipped cream cheese
- 2 tablespoons mayonnaise
- ½ cup finely chopped pecans
- 2 cans (1 lb *each*) jellied cranberry sauce, chilled

◆ In a medium bowl, beat together cream cheese and mayonnaise until creamy. Stir in nuts. Remove lids from cranberry sauce cans, run a knife around the inside of cans to loosen sauce and slide whole cranberry sauce from each onto a cutting board. Cut into 7 to 8 round slices per can. Spread cream cheese mixture on half of the slices and top with remaining slices to make sandwiches. Transfer to a serving platter, cover tightly with plastic wrap and chill until ready to serve (up to 5 hours).

Per ½-sandwich serving: 215 calories, 10.5 g total fat, 4 g sat fat, 118 mg sodium, 31 g carbs, 7 mg calcium, 19 mg chol, 1 g protein, 1 g fiber

Sweet-Potato Casserole

MAKES 6 TO 8 SERVINGS

Prep time: 20 min **Total time:** 50 min

- Olive oil, for casserole dish
- 1 cup firmly packed light brown sugar
- 1 cup chopped pecans
- ¼ cup self-rising flour
- ½ cup (1 stick) butter, melted
- 3 cups mashed cooked sweet potatoes
- 1 cup granulated sugar
- 1 cup sweetened flaked coconut
- ½ cup raisins
- 2 large eggs, slightly beaten
- 1 teaspoon vanilla extract
- ¼ cup heavy cream

◆ Heat oven to 350°F and place rack in center. Lightly oil a 2½-quart shallow ovenproof casserole dish.

◆ In a small bowl, stir together brown sugar, nuts, flour and ¼ cup butter with a fork; set aside.

◆ In a large bowl, stir together potatoes, granulated sugar, coconut, raisins, eggs, extract and remaining ¼ cup butter. Stir in cream, combining well. Spoon into prepared casserole dish. Spread topping over sweet potato mixture and bake until golden brown, 20 to 30 minutes.

Per serving (based on 6 servings): 905 calories, 43 g total fat, 20 g sat fat, 387 mg sodium, 128 g carbs, 141 mg calcium, 125 mg chol, 9 g protein, 8 g fiber



"I've never celebrated Thanksgiving without my family," says Paula (with Jack, Jamie and Brooke)

Double-Chocolate Gooey Butter Cake

MAKES 20 TO 24 SERVINGS

Prep time: 20 min

Total time: 1 hr 20 min

- 1 cup (2 sticks) butter, melted, plus additional for pan
- 1 package (18.25 oz) chocolate cake mix
- 3 large eggs
- 1 package (8 oz) cream cheese, softened
- 3 to 4 tablespoons cocoa powder
- 1 box (1 lb) confectioners' sugar
- 1 teaspoon vanilla extract
- 1 cup chopped nuts

• Heat oven to 350°F and place rack in center. Lightly butter a 13-by-9-inch baking pan. In a large bowl, stir together cake mix, 1 egg and ½ cup butter until combined well; evenly pat into prepared pan and set aside.

• In a large mixer bowl, beat cream cheese on medium speed until smooth. Beat in remaining 2 eggs and the cocoa powder until combined well. Reduce speed to low and add sugar; beat until combined well. Gradually beat in remaining ½ cup butter and the extract; beat until smooth. Fold in nuts with a rubber spatula and spread over cake mixture in pan.

• Bake until set around edges but center is a little gooey, 40 to 50 minutes (do not overbake). Transfer cake in pan to a wire rack and let cool slightly before cutting.

Per serving (based on 20 servings): 365 calories, 20 g total fat, 9.5 g sat fat, 342 mg sodium, 45 g carbs, 56 mg calcium, 69 mg chol, 4 g protein, 2 g fiber

CONTINUED



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ALL PAULA WANTS FOR CHRISTMAS IS . . .

. . . family, food and fun! For me, that's what it's all about. So that's another thing I love about Thanksgiving—it's the official launch of the Christmas season, which I'm just crazy about!

I especially love our beautifully decorated home and our Christmas trees. We've got four in all. One in the living room has decorations that match our décor. Another is in the morning room off our kitchen, and a third is in Michael's and my bedroom. I love lying in bed with the tree lights as the only light in the room (very romantic!).

But my favorite tree is the fourth one, our family tree in the living room. When the boys were little, I'd buy each of them an ornament every year and tape the date on the bottom. All those go on this tree, along with the ornaments the boys made for me when they were in school.

I also adore antique Christmas ornaments and never pass up an opportunity to add to my collection. One of my best finds was at a yard sale run by people who'd owned an old-fashioned variety store. In a beat-up old box I came across a tangle of glass beads that reminded me of a game I used to play at the country fair when I was a girl. There'd be a kiddie pool filled with plastic ducks; you picked a duck, and the number on the bottom matched the number of the prize. My favorite prizes were glass-bead necklaces, just like the ones at the yard sale. Oh, they were beautiful, pink and green and silver. There must have been 150 of them in that box, and I bought every last one. Now they hang from our family tree.

Michael and I enjoy showing off our Christmas decorations, but we travel so much that we don't always have as much time as we'd like to entertain. So a holiday open house is a perfect way to bring friends and family together. I serve drinks and a mix of savory and sweet nibbles. These two recipes are fast, easy and absolutely irresistible! *—Paula Deen*



Southern Holiday Pecans

MAKES 2 CUPS

Prep time: 10 min **Total time:** 30 min

Vegetable cooking spray
2 cups pecan halves
3 tablespoons unsalted butter
¼ teaspoon cayenne pepper (or ½ teaspoon hot pepper sauce)
1 teaspoon ground cinnamon
1 tablespoon sugar
1 teaspoon salt

◆ Heat oven to 325°F and place rack in center. Line a rimmed baking sheet with foil and lightly coat with cooking spray. Place nuts in a large heatproof bowl.
◆ In a small saucepan, melt butter over medium-low heat. Add cayenne and cinnamon; stir until combined. Pour over nuts and toss until completely coated. Toss in sugar and salt.
◆ On prepared baking sheet, spread out pecans in a single layer, and bake, stirring once, 15 minutes. Transfer baking sheet to a wire rack and cool 5 minutes. Serve warm or at room temperature. *(Can be made ahead. Store in an airtight container at room temperature up to 5 days.)*

Per ¼-cup serving: 233 calories, 24 g total fat, 4 g sat fat, 873 mg sodium, 5 g carbs, 2 g fiber, 21 mg calcium, 11 mg chol, 3 g protein

Wonton Cheese Crisps

MAKES 2 DOZEN

Prep time: 10 min **Total time:** 23 min

Vegetable cooking spray
24 wonton wrappers (from a 12-oz package)
1½ to 2 cups shredded cheese (equal parts sharp cheddar and Swiss)
Chutney, for dipping (optional)

◆ Heat oven to 350°F and place rack in center. Coat two 12-cup mini muffin pans, including top surface, with cooking spray.
◆ Gently fit 1 wonton wrapper into each cup, molding along sides. If wrapper tears, patch with a piece of another wrapper. Fill each cup with about 1 tablespoon cheese.
◆ Bake until wontons are browned and crispy and cheese is melted, 8 to 10 minutes.
◆ Transfer to a wire rack and cool 2 to 3 minutes. Serve hot with chutney (if using) on the side.

Note: Tightly wrap remaining wonton wrappers and refrigerate up to 1 month.

Per crisp: 45 calories, 2 g total fat, 1 g sat fat, 47 mg sodium, 4 g carbs, 65 mg calcium, 7 mg chol, 2 g protein, 0 fiber

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CONTINUED



LEFTOVERS YOU'LL LOVE

ANGELA SAYS: "I always make a huge potpie for the day after Thanksgiving"



TURKEY POTPIE

Turkey Potpie

MAKES 6 SERVINGS

Prep time: 20 min **Total time:** 45 min

- Flour, for rolling pastry
- 1 box (17.3 oz) frozen puff pastry dough, thawed
- 1 large egg, beaten
- ½ cup plus 1 tablespoon milk
- 2 cans (10¾ oz *each*) condensed cheddar cheese soup
- 2 cans (10¾ oz *each*) cream of celery soup
- 3 to 4 cups cubed leftover cooked turkey meat
- 2 medium onions, diced
- 2 cups diced cooked butternut squash
- 2 cups cranberry sauce

◆ Heat oven to 350°F and place rack in center. Line two baking sheets with parchment paper. On a lightly floured surface, roll out each pastry sheet to a 12-by-10-inch rectangle. Cut each lengthwise into 12 strips, then cut each strip crosswise in half. On prepared baking sheets, for each serving, weave together 8 strips into a lattice square, trimming corners. Whisk together egg and 1 tablespoon milk in a small bowl; brush over squares.

◆ Bake until pastry is lightly golden and puffed, about 15 minutes; set aside.

◆ In a 4-quart saucepan, combine remaining ½ cup milk and the soups; bring just to a simmer over medium heat. Stir in turkey, onion, squash and cranberry sauce; salt and pepper to taste. Bring to a boil; divide among six 16- to 20-oz ramekins or oven-proof ceramic dishes and top with lattice squares. Bake until filling bubbles and pastry is deep golden brown, about 10 minutes.

Per serving: 950 calories, 45 g total fat, 12.5 g sat fat, 2,649 mg sodium, 100 g carbs, 93 mg calcium, 121 mg chol, 38 g protein, 5 g fiber


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FAMILY AFFAIR PAGE 45: On [illegible] shirt, both Banana Republic. Joseph Abboud. Shirt: Hugo Boss. Pants, John [illegible]rew. On Elizabeth: Jacket, [illegible]ck, Charles [illegible] Tights, $24, [illegible]n. Boots, Cole [illegible]m. On Rebecca: [illegible]rm. Tee, $28. Boden: [illegible]m. Skirt, $44. Talbots: [illegible]d www.talbots.com. Tights. The Children's Place. Boots, Boden; www.bodenusa.com. On Taylor: Blazer, plaid shirt, both J.Crew. Tee, Steve & Barry's. Sweater, $129.50, Lands' End. Jeans, Levi's. Sneakers, Adidas. PAGE 46: Jacket, Theory. Blouse, J.Crew. Sweater, LAMB. Jeans, $69.50, Gap; www.gap.com. Boots, Coach stores nationwide, 866-262-2440. Bracelet, Bloomingdale's. PAGE 47: Bottom left: On Reid: Polo shirt, pants, both Brooks Brothers. Belt, Banana Republic. On Elizabeth: Dress, Diane Von Furstenberg. Necklace, Alexis Bittar. Bottom center: Coat, DKNY. Cropped-sleeve jacket, blouse, both Theory. Pants, Chaiken. Bracelets, Roxanne Assoulin for Lee Angel; www.leeangel.com. Gloves, $68, Echo; www.echodesign.com. Right: Coat, Diane Von Furstenberg. Sweater, J.Crew. Skirt, Chaiken. Belt, Lauren by Ralph Lauren. Tights, $24, Spanx; www.spanx.com. Gloves, $45. Portolano; www.portolano.com for information. Kenneth Cole; Kenneth Cole New York stores and www.kennethcole.com. PAGE 48: Left: On Elizabeth: Blazer, Lauren by Ralph Lauren. Sweater, Gap. Pants, Chaiken. Shoes, bag, both Banana Republic. Bangles, Carolee. Gold bracelet, Kenneth Cole. On Rebecca: Blazer, $58, Talbots; Talbots stores and www.talbots.com. Hoodie, $35, hat, $25, both Dakine; www.dakine.com. Tee, skirt and tights, all The Children's Place. Gloves, $30, Lands' End; www.landsend.com. Coat, Boden; www.bodenusa.com. Boots, $180, Timberland; www.timberland.com. Right: On Elizabeth: Sequined jacket, lisli. Tank, Banana Republic. Pants, Ellen Tracy. On Reid: Blazer, shirt, both Paul Smith. Jeans, belt, both Banana Republic. PAGE 50: BEAUTY CREDITS: Jurlique; www.jurlique.com. Boots; Target or CVS/pharmacy. Oscar Blandi; Sephora. Sonia Kashuk; Target. PAGE 52: Top left: Blazer, Theory. Purple shirt, Garrick Anderson. Sweater, Brooks Brothers. Pants, Zanella. Bottom right: Suit, John Varvatos. Shirt, Boss Hugo Boss. Tie, Burberry. PAGE 53: Top left: On Rebecca: Coat, $76, Boden; www.bodenusa.com. Dress, Roxy. Scarf, $38, Echo; www.echodesign.com. Tights, $9.50, gloves, $25, both Lands' End. Boots, $99, Original Dr. Scholl's; www.drschollsshoes.com, www.shoes.com or 800-766-6465 for stores. On Taylor: Jacket, $59.50, hat, $28, both Quiksilver; www.quiksilver.com. Jeans, G-Star. Scarf, $19.50, American Eagle; American Eagle Outfitters stores and www.ae.com. Sneakers, $50, Vans; www.vans.com. Top right: Zip-up sweater, Sean John. Sweater, Gap. Dress shirt, Lacoste. Jeans, French Connection. Sneakers, Adidas. Middle: Coat, $119.50, American Eagle; www.ae.com. Turtleneck, $14.50, L.L. Bean; www.llbean.com. Dress, Roxy; www.roxy.com. Cardigan, $46, Boden; www.bodenusa.com. Hat, $35, Echo; www.echodesign.com. Leggings, Lands' End; www.landsend.com. Tights, $12, DKNY; Nordstrom. Boots, $130, Kombu; www.zappos.com. Bottom: Jacket, Diesel. Tee, Nautica. Sweatshirt, shirt, both Akademiks. Khaki pants, J.Crew.

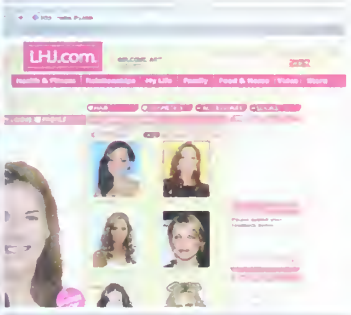
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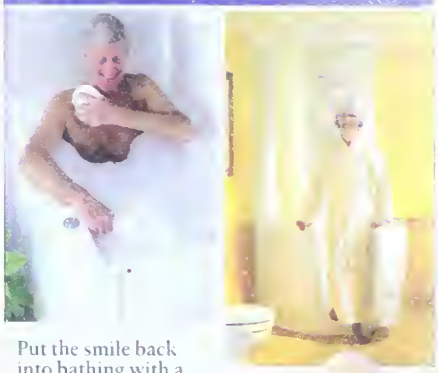
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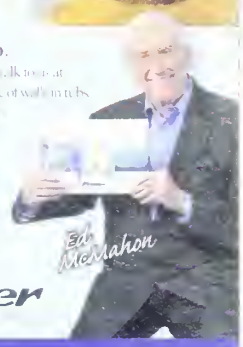
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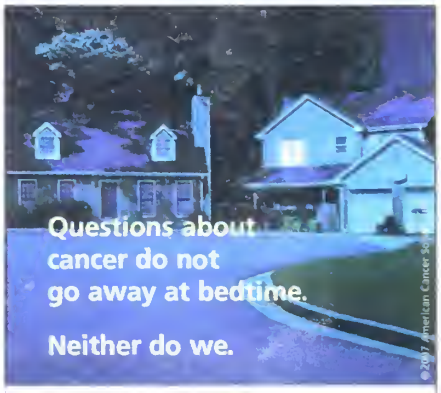


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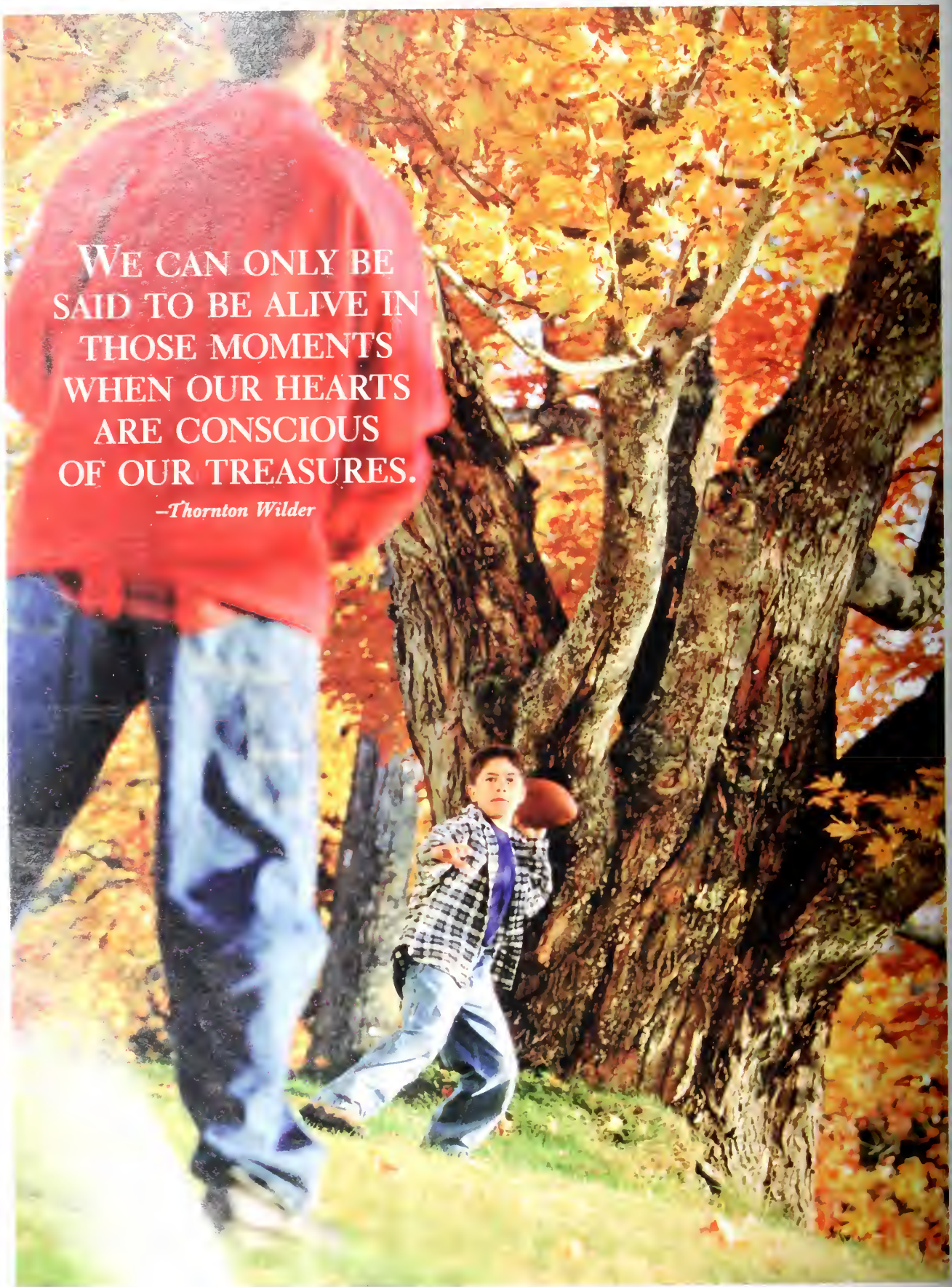
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–Thornton Wilder

NOVEMBER 2007

Fresh Starts

[SMALL STEPS TO SMARTER LIVING]



Scale Back, Simplify, and Breathe Easier

A Hassle-Free Holiday

Natural Solutions that Simplify Cleaning

Create a Retreat from Seasonal Stress

Find More Ease in Your Home and Your Life:

The Holiday Comfort Zone

Do you take care of yourself as well as you care for your family? When you feel rested and energized, the benefits extend to those around you.

With the hectic holiday season approaching, consider some of the simple things you can do to enhance your home, your family, and yourself.



Scale Back, Simplify, and Breathe Easier

Cutting the clutter in your home has a great side effect. It helps reduce stre and frees up time to focus on yourself. With less visual stimulation everywhere, your home looks more inviting, functions better, and feels calmer.

CREATE A SERENE SPACE. If the windowsills have become repositories for clutter, use that space instead to display houseplants. Green plants not only provide beauty and evoke a sense of calm, but they also give off oxygen, and that's a benefit for everyone.

SEASONAL SWAP. Turn a seasonal get-together into the chance to clear out your closets by organizing a clothing swap. Invite your girlfriends and be sure to keep the "swapping" list manageable (dresses, pants, etc.). Embrace the spirit of giving by setting aside items for donation to a local charity.

MIRROR, MIRROR. With the days growing shorter, natural light becomes a more precious commodity. Place mirrors opposite windows to reflect the outdoors, where they can pick up and spread sunshine all around the room. Also, position mirrors on walls where they can flect artificial light in the evening. The added brightne and sense of spaciousness will lend a cheery ambian that lifts everyone's spirits.

BALANCING ACT. The ancient art of feng shui offers ide for balancing and harmonizing our surroundings. In this system, furniture placement is especially important. One guideline is to position furniture so that wh you're using it, you can see anyone entering or leavin the room. Start by rearranging one room in this way and see if it helps you feel safer and more comfortable Thousands of years of practice say it will!

ISEMENT



Create a Retreat from Seasonal Stress

Everyone deserves some personal space—whether that's a cozy corner, home office, or a workshop in the garage. Promote harmony during this busy season by giving every family member a place to retreat to—including yourself.



SOOTHE YOUR SENSES. Scents can have a profound effect on your mood—and your family's. Reed diffusers with attractive glass vases are cleaner and safer than candles. Experiment with different oils such as lilac or lemon verbena to find the ones you like best.

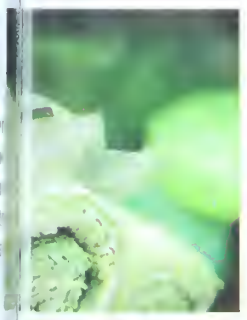
CREATE HOLIDAY ZEN ZONES. Define personal spaces around your home with decorative screens, tall plants, or shelving. Let everyone contribute to outfitting a space with his or her favorite things: books, pictures, craft projects, hobbies, etc.

CHANGE YOUR SEASONAL SURROUNDINGS. Changing colors to reflect the spirit of the season is a relatively easy way to revitalize a room. Traditionally, blues, greens, and lavenders are considered very restful; so are earth tones and monochromatic schemes. But for your holiday sanctuary, it's up to you. Think about what makes you feel most comfortable and let your imagination soar.



SPA TREATMENT. Turn your bathroom into a mini-spa. Stock a small portable cart with your favorite bubble bath, sea salts, body lotions, and a loofah so you can indulge when the house is quiet. If it's never quiet, close the door and enjoy a revitalizing soak.

OVERNIGHT RETREAT. Expecting overnight guests for the holidays? Lay out a warm welcome and make them feel at home with a small basket of travel-size bath items and toiletries. Help keep the guest room freshly scented by tucking an aloe and white lilac-scented Bounce Pure Essentials dryer sheet in a vase, and place on a book shelf.



HOST COMFORTABLE GATHERINGS. Soft things add comfort and a welcoming spirit to any space. Be creative and place plenty of plush pillows, cushions, footstools, and area rugs where family and friends tend to gather. For soothingly soft fabrics, use Downy Pure Essentials with Aloe and White Lilac Scent.

THE GIFT THAT KEEPS ON GIVING. New sheets and pillowcases are a great gift for yourself and your family. Soften the fibers by rinsing them with Downy Pure Essentials with Aloe and White Lilac Scent, or with aloe and white lilac-scented Bounce Pure Essentials dryer sheets to enhance the fragrance.



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. Hassle-Free Holiday

osting during the holidays can be a bit overwhelming, but it is possible to keep stress at bay. Here are a few ways to de-stress your life and avoid trapped hostess.

IFT FOR YOU. Give yourself mission to delegate. Relinquish ntrol of non-essential holiday jects and don't sweat the small ff. It may be easier said than ne, but by gifting yourself and ting others share the load, you'll ve more time and energy for nily and friends.

THEM SHINE. Every hostess ows holiday meals can take days prepare. You can cut prep time in lf by asking guests to bring side shes and desserts. It will give oth- s a chance to share the spotlight d contribute to the creation of a rvelous meal.

OUSE CALL. Getting the house ready guests can take time and effort. To reduce your stress, consider hiring a cleaning service before the big day. It could free up valuable time that can be used for another purpose--like spending time with your family or getting some much-needed sleep.

SEASONAL TIMESAVER. Crowded supermarkets are a holiday tradition we can do without. Instead, plan your meals, create your shopping list, and order from an online delivery service for a saner shopping experience.

THE PERFECT SETTING. Put the kids in charge of setting the table and making it look beautiful—you might be surprised at the results.

Visit **LHJ.com/freshstarts** for **FREE** samples* and tips from our community of everyday experts. Log on and share yours!

Picks from the Pros:

Expert Advice for Your Laundry Needs

Many things can help affect the way your family feels and their level of comfort—including the look, feel and scent of their clothing and linens.

Our Fresh Starts home care experts are excited about some new products that leave laundry pure and fresh. They recommend Pure Essentials™ for a simple, effective solution for all your family's clothes.



New Tide® **Pure Essentials™ with Baking Soda**, available in **White Lilac Scent**, whitens whites, fights tough stains, and helps remove trapped odors, leaving fabrics wonderfully clean and fresh.



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Natural Solutions That Simplify Cleaning

Did you know you can clean and freshen almost anything in your home with everyday products from your kitchen? They're natural, effective, safe—and provide a quick, inexpensive way to get your home sparkling clean.



OLIVE OIL and lemon juice can add shine to furniture. Combine 1 cup olive oil with 1/2 cup lemon juice into a spray bottle. Spritz onto a cloth and wipe onto wood furniture. Polish dry with a fresh cloth.

HITE VINEGAR and hot water can help power-clean your floors. To remove grime om tile and linoleum, add about 1/2 cup white vinegar to a bucket of hot water d then mop.

REAM OF TARTAR, a common baking ingredient, quickly eliminates stains from uminum cookware. Fill cookware with water and add 2 tablespoons cream tartar for each quart of water. Bring to a boil, then simmer for 15 minutes. our out the water, and then wash and dry the cookware.

MON IS A NATURAL CLEANING WONDER that's phenomenal at combating ineral deposits and tarnish. Use cut lemons or fresh lemon juice to clean st stains around drains and faucets.



ORNSTARCH is a great grease-absorber. Sprinkle it on countertops and around e stove, let it soak up the grease, and just wipe it off.

Make the Holidays Light

Many people just expect to overeat around the holidays and probably gain a few pounds! But there's a better option—eat smarter and savor every bite.

- Enjoy a normal-sized, healthy breakfast on the day of the big meal. Trying to "save" your calories will only encourage overeating later in the day.
- Turkey is a good source of lean protein, so you're better off skipping the skin, where most of the fat is stored. Go easy on the gravy too!
- Fill your plate with colorful, deep green vegetables, bright red cabbage, and cranberry-orange relish. Come on! Food usually means healthy food.
- If you're invited to a holiday meal, offer to bring a dish—and make it super-healthy. Then you're guaranteed at least one nutrient-rich choice regardless of what else is served. Try a special-occasion salad, such as a glamorous cole slaw with apple and red onion.

Look for more Fresh Starts ideas for your family in next month's issue of Ladies' Home Journal®.

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Never Underest

Home Journal

BER 2007

We Wish You a Stress-Free Christmas

Learn the Secret

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7 Simple Recipes

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I can push myself further.



I can do it differently this time.



I can make changes that stick.



I look for ways to burn more calories.



I can walk my dog around the block, again.



I can prove myself to myself

STORIES FEATURED ON THE COV[illegible]ARE INDICATED IN RED



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From Best-Selling Author, Danielle Steel



Danielle

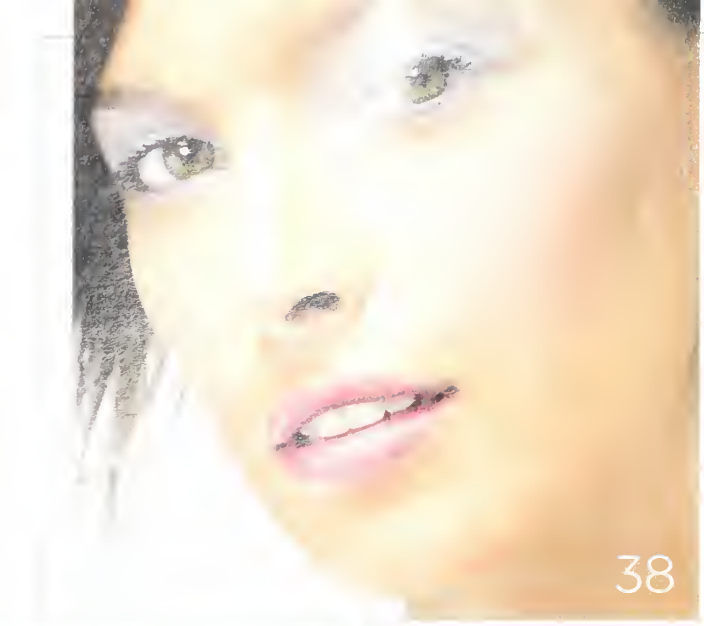
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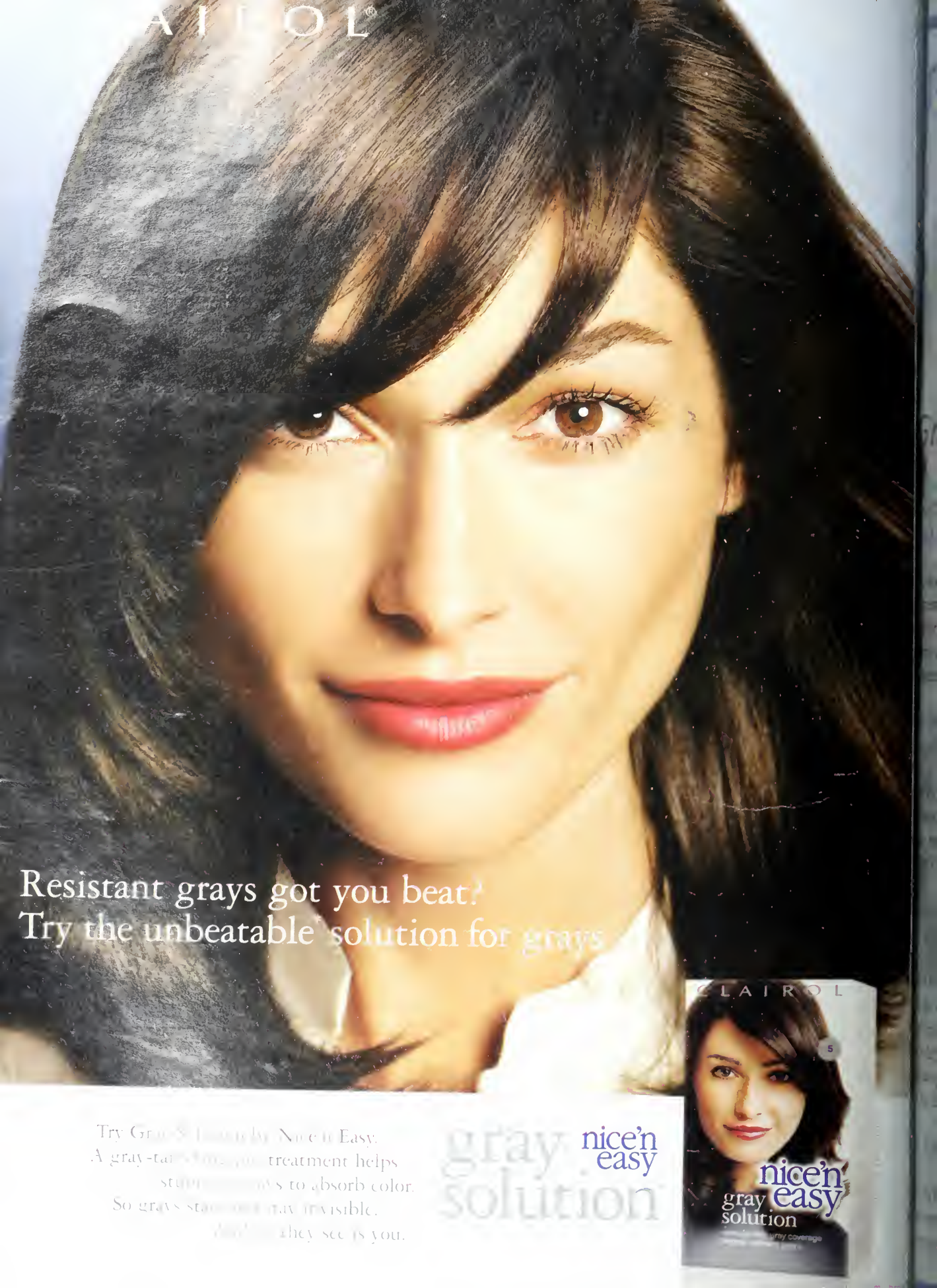


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Cover The McCaugheys photographed exclusively for *Ladies' Home Journal* by Steve Liss/© 2007 Polaris **Hair & Makeup:** Lesa Porter **Fashion Stylist:** Pamela Porter **Prop Stylist:** Peggy [illegible] **On the McCaugheys:** All clothing courtesy of Hanna Andersson; shoes courtesy of Stride Rite


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Meet salon colorist Marcy Cona – Clairol's in-house Creative Director of Color and Style. Marcy has owned a salon for 20 years and spent a lot of that time coloring away grays for her clients. Here she gets your gray questions covered...



Gray Q&A

I won't just have more... I have enough resistant gray[illegible] m I right?

. Actually, you have a lot of company. Lots of women have xtremely resistant gray. Typically, the coarser the gray, the rder it is to color. That's why you often see those "pop up" rays appearing around the temple area. The key to lasting gray overage is to ensure that each gray absorbs the maximum amount of color.

). I don't just have the [illegible] really does... [illegible]

.. It's all about control... if you feel like you're in control of your gray, you'll feel better all around. I have a client who—when her color is finished and her grays are gone—says "I'm me!" to herself in he mirror. I can actually see the relief on her face and a new spring in her step as she salutes the door. hat's a great feeling for both of us!

). I've tried [illegible] m very skeptical [illegible]

.. I hear you! But hear this – Gray Solution is all about covering resistant gray. In the salon, we evaluate and pre-treat gray that's hard to cover. And thanks to our unique gray-tamer re-treatment, Gray Solution is designed to do the same thing for you at home. Even the palette – from he darkest brunette to the lightest blonde – is designed with amazing gray coverage in mind. I think you'll definitely notice a big difference.

). What kind of response [illegible]

.. It's been really, really positive [illegible] ll over the country reporting amazing results, incredible overage and undying loyalty.



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welcome





This issue is bursting with Christmas cheer, starting with one of our most popular traditions—cookie recipes! Food and Entertaining Editor Tara Bench (right) serves up seven delectable cookie recipes that will bring out the kid in everyone.

A different—and no less spectacular—kind of dessert was whipped up for the 10th birthday of the McCaughey septuplets by Louise Stromberg, of Des Moines, Iowa. Louise has been in the cake-making biz for 38 years but obviously this cake is a true one of a kind. The cake base is actually Styrofoam, but the icing and buttercream are real. It took Louise 14 hours to make the cake and apply three layers of icing to be sure it looked smooth. Next, a van moved it from her garage to our photo studio—the cake just barely fit through the van door—and she applied the buttercream trim and lettering just before our cameras started snapping. When informed that the cake was only a prop, the septuplets were momentarily crestfallen but continued with the shoot like the little pros they are. Fans of the septuplets will enjoy digging into our special package, starting on page 116.

On a more serious note, I urge you to read our 12-page package "Bridging the Doctor–Patient Divide" starting on page 133. In this age of ever-more-complex treatment options, and ever-more-crunched doctors' schedules, it's critical that you know how to navigate the dialogue between yourself and your health-care providers. If you've ever been frustrated about your dealings with doctors, you'll find this expert advice a lifesaver.

And a healthy and happy holiday to you and your families!



LHJ's Food and Entertaining Editor Tara Bench (far left) delighted staff with requests to taste-test her Christmas cookies; Louise Stromberg (left) was our cake maker extraordinaire, charged with making the massive 10th-birthday cake for the McCaughey septuplets



Great Gifts Under $30

Dig into our nine-page gift guide (starting on page 98), with ideas for everyone on your list, lovingly chosen by our editors from an ocean of choices—jewelry, pj's, tech toys, foodie fare (including books such as *Christmas With Paula Deen*, right) and this year, a very timely list of made-in-the-USA toys. Home Editor Kieran Juska (above) led the charge! Also, if you need more help picking the perfect present, go to *www.lhj.com/giftquiz*.



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Diane Salvatore

Diane Salvatore, Editor-in-Chief

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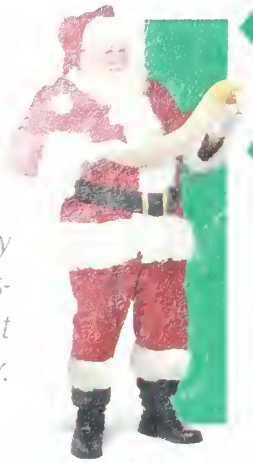
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If you've ever listened to your sister-in-law divulge the details of her colonoscopy at a family gathering, then you know what it's like to be the victim of too much information, or TMI. Tell-all blogs and social networking Web sites, not to mention reality TV, only add to the onslaught. Unfortunately, this flagrant full disclosure offends more than just your sense of decorum and decency. "It's caused by a big cultural shift toward narcissism," says Jean Twenge, Ph.D., associate professor of psychology at San Diego State University. "By talking endlessly about themselves, people lose the ability to show compassion and see a situation from someone else's perspective." You don't have to be a part of the problem. If you find yourself on the receiving end of TMI, "change the subject right away," says Dr. Twenge. Or excuse yourself, say to the women's room, so it doesn't seem as though you're passing judgment on the person or what she has to say. And for yourself, vow to keep your personal details in the right place: in a diary or in conversation with a close friend or family member who can handle it. *—Jennifer Castoro*

WHEN MEMORIES HURT

Why is it so easy to forget where you've left your keys every morning yet so hard to shake the embarrassing memory of flubbing your lines in the second-grade play? Strong emotion undermines our ability to forget, even when we want to, according to a new study from the University of North Carolina at Chapel Hill. The embarrassment—or sadness, glee or any strong emotion—that was part and parcel of the experience causes our brains to forge connections that something mundane, such as being told a phone number, does not, explains Keith Payne, Ph.D., study author and assistant professor of psychology there. "These memories become more ingrained precisely because they have this emotional aspect." But even unshakable dark memories have a bright side: Remembering bad experiences helps you avoid their recurrence.

—Mego Lien

Putting the Brakes on Impulse Buying

While your friend agonizes over whether to buy [illegible] later you've [illegible] two of [illegible] paid [illegible] experience [illegible] your having [illegible] account or a [illegible] sense. Your brain [illegible] be hardwired to be more impulsive.

"The prefrontal cortex, just behind the forehead, helps control impulsivity," says Patrick Haggard, Ph.D., professor of psychology at the University College London. "People who act more spontaneously often have less activity in this area." Although you may not be able to change the way your brain is wired, awareness of the forces that guide you can help you control impulsive urges that might get you into trouble. *—Baria Bailey*




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HAVE A



HEART

At this time of year we are asked again (and again) to be generous and giving. Choose wisely and you'll be blessed with less stress, better health and a feel-good "helper's high"

By Margaret Renkl

I live in a suburban neighborhood where children attend fine private preschools and are reared by educated parents in homes where books crowd family-room shelves and plastic letters cling to refrigerator doors. In the troubled waters of American public education, these kids arrive at our local elementary school already swimming like fish.

Four years ago redistricting brought about a redrawing of school zones. Bus after yellow bus arrived at our school packed with children from a poor neighborhood miles away. Suddenly a quarter of the school's population qualified for free meals, and academically those children trailed their suburban classmates, often disastrously so. When a desperate call went out for volunteer tutors to help the new kids catch up, I almost threw the newsletter away. I'd been a high school English teacher myself, but by then I was working full-time as a writer and editor, spending a lot of time with my newly widowed mother and trying to manage a family of five. A weekly commitment when I was already scrambling? Impossible.

But the request stayed on my mind. How hard could it be to find one hour a week for a child who happened to have been born without the middle-class advantages that my children accepted as their birthright? And freeing up classroom teachers' time would, after all, benefit my children, too. Yet even then I did not volunteer promptly or eagerly. When I finally got around to signing up, there was only one child left on the list: a first grader who'd just moved in with a foster family in the district.

DeShaun was a shy boy, and I tried to get to know him a little before we settled in for our first reading lesson. When I asked him how many brothers and sisters he had, he looked at his feet for a minute, cast his eyes upward as he thought about it and finally just shook his head. I was a little shocked. Was this child really so far behind that he couldn't count in single digits? But then it hit me: DeShaun had lived in so many different foster homes he didn't know who qualified as a sibling. I thought of my own dearly nurtured first grader and tried to imagine what DeShaun's rootless life must be like. Then I threw myself into his tutoring, bringing storybooks I thought he would enjoy, sneaking him small prizes for completing difficult tasks.

I wish I could report that, thanks to my efforts, DeShaun finally caught up CONTINUED

with his classmates and was promoted to second grade. I wish I could tell you how we became, together, one small bulwark against indifference and gloom. But that didn't happen. I could never detect even the slightest improvement in his reading, and DeShaun never really seemed at ease with me. One day when I showed up, he wasn't there. "Maybe he has a new foster home," his teacher said, shrugging.

It would be easy for me to view those months as a failure of generosity—the way I gave so hesitantly, the way my gift was tainted by self-interest, the way DeShaun's need was so cavernous that my efforts dropped into its maw and instantly disappeared. There were certainly moments of hopelessness. But, ultimately, none of that mattered. What seeing DeShaun every week taught me is that generosity is more than a straightforward act in which one person gives wholeheartedly, out of abundance, to meet another person's urgent need. True generosity is a participation in a state of mutual need; without realizing it, I needed to help DeShaun as much as he needed help. For both of us, equally, it was an act of full participation in the human community.

This is the kind of awareness that daily life in our hurried, overscheduled culture tends to suppress. And yet, says Christopher Peterson, Ph.D., coauthor of *Character Strengths and Virtues*, generosity is hardwired into us: "Being generous is simply being true to our inherent nature, which is deeply social." For proof, consider the toddler. These demanding, diminutive beings, who howl in protest when the smallest thing doesn't go their way, will also soberly hold out their own pacifier to comfort a sibling in distress or gladly share a sticky Cheerio with Fido at snack time. Anna Gray Hart, a preschool teacher in Houston, says her 4-year-old daughter, Merrill, is generous even in sleep: "Once when she was sick and I was lying in the bed beside her, she rolled over and gave me her Lovey to hold. It actually brought tears to my eyes because I know how much she cherishes that little stuffed lamb."

Biologically speaking, we are social animals—naked, fangless creatures who cooperate in procuring food, carry our young in our arms and sleep cuddled up to one another. We need other humans for survival, so we are programmed to be concerned for the welfare of our tribe. If we genuinely apprehend another person's need, CONTINUED

Can Giving Go Too Far?

If there's any downside to generosity, it's that our compulsion to give can sometimes overwhelm our own resources. "We women tend to give, give, give—and then we snap at somebody," says M. J. Ryan, author of *The Giving Heart*. "We've given too much. But generosity doesn't mean being generous all the time, under every circumstance. It's about balance—about accepting the generosity of others, as well as being generous to ourselves."

As Ryan notes, people who are [illegible] isn't always good [illegible] unwillingness to [illegible] isolating as a reluctant [illegible] "By denying someone [illegible] Sullivan, "you deny your chance to be spiritually generous, in the form of gratitude."

It's also undeniable that there are people who, consciously or unconsciously, take advantage of others' generosity. "There's a difference between being generous and being a sap," says Julie Salamon, author of *Rambam's Ladder*. One way to know how much to give is to ask yourself why you're giving in the first place: If helping out makes you feel exploited and resentful, rather than generous and openhearted, you've given too much. The trick is to figure out what you can give without emotionally bankrupting yourself.

A final downside to generosity can be despair when our gifts fail to have the desired effect, or even any effect at all. What if the homeless man uses your dollar for booze instead of a burger? What if the child you tutored fails first grade anyway?

The answer is to recognize what research has demonstrated again and again: Generosity is not a business transaction in which each party honors a preordained agreement. True generosity is its own reward, an impulse that arises out of both biology and a sense of our own abundance. Ultimately, we give because we are creatures designed for giving. The rest is beyond our control.


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we support [illegible] necks for hurricane relief, ladle soup at a homeless shelter, take supper to a shut-in, lend a sympathetic ear to a friend in the midst of divorce, bake cookies for the PTA. Sure, some acts sometimes arise more out of good manners or a sense of obligation than pure generosity. But whether we give because we sincerely want to or because we think we should doesn't much matter. What matters is that we feel compelled: Even if we aren't conscious of it, at some atavistic level we understand that the well-being of others affects our own well-being.

Evidence suggests that this impulse to give aid and comfort arises out of our very DNA. In fact, so many studies in psychology, sociology and biology have corroborated this hypothesis that researchers working with the support of the John Templeton Foundation were able to compile a 300-page annotated bibliography of such studies. In this research, and in countless other studies, the benefits to the giver can exceed the benefits to the receiver. These include:

A helper's high. Nature has designed generosity to be inherently fulfilling. In one recent study, MRI scans revealed that the act of giving stimulates the pleasure-producing pathways of the brain, triggering the release of dopamine, a hormone associated with feelings of pleasure. By making generosity feel good, our brains encourage us to give again and again.

Lower stress hormones. Negative emotions trigger the release of cortisol, a stress hormone, according to Stephen G. Post, Ph.D., coauthor of *Why Good Things Happen to Good People*. But the dopamine high that generosity provides mitigates stress. During periods of high stress, generous acts effectively offer the brain a trade, supplying a feel-good chemical in place of a feel-bad one.

> TRUE GENEROSITY ISN'T SO MUCH A MATTER OF GIVING BUT OF OPENHEARTEDNESS, A WILLINGNESS TO ASSUME THE BEST

Stronger immune systems. It's been long known that angry or depressed people fall ill more easily and take longer to recover than happy people do. That's because a constant bath of stress hormones suppresses our natural immune function. According to Dr. Post, newer studies are beginning to show is that generosity has the opposite effect, increasing the level of protective antibodies that ward off illness. In one Harvard University study, students who watched a video about Mother Teresa had markedly higher levels of immunoglobulin, a protein used by the immune system to neutralize viruses and bacteria, than those who watched a film that had nothing to do with human generosity and compassion.

Longer life. According to Dr. Post, studies have confirmed that retired people who engage in volunteer activities at least two to three hours a week tend to live longer than those who don't. "Billy Joel had it wrong," Dr. Post says. "In general, the good die old."

And yet a quick flip through any history book provides ample evidence that our biological drives are not all rosy. The impulse to generosity may be demonstrably inborn and unconditionally beneficial, but the instinct for self-preservation is equally strong and can lead to hoarding and competition—even violence—especially if the needs of our own particular tribe seem at odds with those of another. "Many scientists believe that the flip side of in-group giving is out-group hostility, the tendency to demonize or dehumanize outsiders," Dr. Post observes. In this context generosity must be nudged and nurtured, eventually leading us to the conclusion that our tribe is actually the entire human race.

One important way to cultivate your own inner Peace Corps volunteer is to remember that little displays of kindness and interest count as generous acts, too, says Julie Salamon, author of *Rambam's Ladder: A Meditation on Generosity and Why It Is Necessary to Give*. "Many of the really irritating moments in the course of a day have to do with simple bad behavior—a rude receptionist at the doctor's office, a brusque coworker," says Salamon. "But if you proceed with a willingness to believe the best of people, they often surprise you by rising to the occasion. Corny as it sounds, simply making eye contact and offering a friendly greeting can make a big difference in someone's day." For the giver, such acts of grace also have the lovely side effect of CONTINUED


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reinforcing the habit of generosity. "The ability to give of yourself, even with a small gesture, can give you a feeling of confidence that in turn leads to greater heights of generosity," notes Salamon.

Once the generosity habit gets a good kick start, the positive feelings it generates can keep the engine running indefinitely. Ten years ago Laura Sinclair, a state housing director in Hendersonville, Tennessee, was a self-described selfish person. "It was all about me and what you could do for me," she concedes. But then Sinclair, who was adopted as an infant, found her birth father. Not long afterward his diabetes led to kidney failure, and Sinclair found herself offering to be his donor in a kidney transplant. "I had just found him, and I couldn't bear to lose him," she says. The operation was a success in every way: Sinclair recovered in record time, her father was spared the grueling experience of dialysis, and the pair became close. "The experience changed me," Sinclair says. "Since then I've tried to help other people, to be a better person. I feel more emotionally healthy than I ever have."

But generosity need not be a magnificent gesture like Sinclair's. When Jill Scobie, an at-home mom in Asheville, North Carolina, visited a friend in the hospital who was recovering from surgery, "I brought a basket of goodies and some peonies from my garden," she recalls. "She loved them, but most of all she loved the foot massage I gave her. It was just what she needed. I left with a light heart—and warm hands!"

In fact, true generosity isn't so much a matter of giving—whether peonies or a new chance at life—but a general spirit of openheartedness, a willingness to listen deeply, to assume the best motives and intentions in others and to accept with gratitude the gifts they offer. "It's in these emotional exchanges with other human beings," says M.J. Ryan, author of *The Giving Heart: Unlocking the Transformative Power of Generosity in Your Life*, "that we have a choice to open our hearts toward them or not."

It's a choice I will never regret making. True, my experience with DeShaun did not end in academic triumph for him but, as Ryan writes in *The Giving Heart*, "We can never know what the effects of our actions will be. All we can do is live from our hearts and trust that the goodness we do will ripple out into the world." So it's possible that I made some difference to DeShaun that I couldn't discern. Perhaps he now carries within him a shadowy sense of places in the world where children are treasured, where he was treasured, and he'll look for that kind of place again when he's old enough.

I'll never know, of course. What I do know is the difference DeShaun made to me, how he forced me to confront my own insularity, the narrow margins of my daily world. Through him, I was able to see just how large my own neighborhood really is.

Generosity in Action



Do you want to give your time or resources to someone in need but aren't sure where to start? For everything you need to know to make a difference, plus powerful tales of faith and inspiration: **WWW.LHJ.COM/GIVE**


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INDULGENCE:

MARVELOUS MAKEUP

We love a little affordable luxury, and it's even better when we're on the receiving end of the deal. Consider Tarte's We Wish You Wealth Three-Tiered Limited Edition Palette, $52: Inside this quilted case there are 16 perfectly neutral eye shadows (no oh-my-gosh-I'll-never-wear-these colors), four gel eyeliners, 16 vitamin E–enriched glosses, three balmlike lip sheers with SPF 15, four cheek stains (Tarte's most-beloved product), a luminizer (to highlight cheekbones), an eyelid primer, plus four eye and lip brushes. Get it now and look your prettiest all season long!

PATRICIA'S PICK

CLEAN HAIR, THE NATURAL WAY

When I don't have time to shampoo, I trust that Ojon's Rub-Out Dry Cleanser, $24, will make it look as though I started styling from scratch. Like shampoo, this spray-on powder sops up oil and removes product buildup, but still gives me loads of volume. The secret lies in its exotic formula: soapbark tree extract from Chile, white clay from the Amazon and Ojon oil, harvested from nuts from the Ojon tree in Central America. Take that, shampoo!



Beauty Director Patricia Reynoso

ENTER TO WIN OUR FAMILY STYLE MAKEOVER!

Looking for a fashion and beauty update for your whole family? Enter our fifth annual *Ladies' Home Journal* Family Style Makeover contest for the chance to win a head-to-toe transformation.

Send us a 200-word essay explaining why you need a makeover and how *Ladies' Home Journal* can help you with your fashion and beauty needs. Maybe your wardrobe has looked the same since the '80s or you're confused about which beauty products suit you. We also need one recent snapshot of your family (no more than six members). Next, fill out the entry form at left. All entry materials must be original and unpublished and may not have already won any prize or award. Mail essay, photo and entry form to *Ladies' Home Journal* Family Style Makeover Contest, Attn.: Beauty Department, 375 Lexington Avenue, 9th Floor, New York, NY 10017, or enter online at *www.lhj.com/family style*. Contest begins 9/11/07 and ends 12/11/07. Online entries must be received by 11:59 P.M. E.T. on 12/11/07. Mail entries must be postmarked by 12/11/07 and received by 12/18/07. Person submitting entry must be legal U.S. resident, 21 years or older. Void where prohibited. No purchase necessary to enter or win. One entry per family. Sponsor: Meredith Corporation, Des Moines, Iowa. For official rules, go to *www.lhj.com/familystyle*.

Mail to: *Ladies' Home Journal* Family Style Makeover Contest, Attn.: Beauty Department, 375 Lexington Avenue, 9th Floor, New York, NY 10017

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Check out previous Family Style Makeover winners at www.lhj.com/familystyle

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Wonderful Waves

As Friday Night Lights' Connie Britton says, everyone can learn to land the perfect wave



Although she happily accepts the compliments bestowed on her glorious mane, Connie Britton, 39, of NBC's critically acclaimed drama *Friday Night Lights*, quickly admits that she's "completely inept" at styling her own hair. Britton has figured out, however, that the trick to managing her thick, dry, wavy tresses, especially in the stifling humidity in Austin, Texas, where the show is shot, is to fuss with them as little as possible. On her days off Britton saturates her wet hair with a leave-in conditioner, towels it dry, then scrunches and positions it just so before leaving the house. This "science," as she mockingly calls it, delivers curls that aren't shaggy or frizzy.

But for her role as the coach's no-nonsense wife, Britton and her stylist go for a smoother look. "We blow it straight and put curl back in, which makes it more manageable. Otherwise, it's in my face all the time." (Blowing it out herself is out of the question: "I'm such a dork with the brush!") Ironically, the 2004 movie version of the show had Britton flaunting "big Texas hair. It was like a [illegible] above my head!"

And while Britton still marvels at women who [illegible] straight, she's figured [illegible] waves and curls are just as beautiful—[illegible] included. "I just love what I [illegible] says.

[illegible] Reynoso

Get the Look

1. Mist Extreme Style by VO5 Heat Defense, $3.49, over hair before using any styling tools to lightly condition and protect hair from hot temperatures.
2. Apply Suave Professionals Extreme Strength Daily Leave-In Treatment, $2.49, which contains silk amino acids and proteins that help reduce breakage.
3. Use a squirt of Profound Beauty Desert Sand Crème Gelee, $24, on damp hair to add texture and hold.
4. To control poufy hair, try Garnier Fructis Style Sleek & Shine Anti-Humidity Hairspray, $3.99, a fast-drying formula that locks out moisture. *—Mandy Hendrix*

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A good spa will present you with a questionnaire during check-in, which informs you [illegible] (a state-licensed skincare professional) about your medical [illegible] current medications and [illegible] answers, which [illegible] with you in the treatment ro[illegible] avoid using potentia[illegible] ingredients. Next she will sc[illegible] complexion under bright lights and a magnifying glass—but don't wince if she notes that your skin is imperfect. "Unless you're 11, your face likely has blackheads, uneven pigmentation or dehydration around the eyes," says Annet King, director of training and development at the International Dermal Institute in Los Angeles.

YOUR AESTHETICIAN GOT THE DETAILS RIGHT

A good aesthetician, notes King, "has a passion for skin and isn't just going through the motions." How can you tell the difference? The small details (adding a pillow underneath your knees) are tended to, while the bigger details (placing the steamer at least 14 inches from your face) are properly executed. The extraction technique involves steam or exfoliation to help open up pores, making blackheads easier to remove. "Also, if it's not coming out, a good therapist will leave the pore alone," says King.

YOU WEREN'T OVERCHARGED

Feeling pressured can spoil even the most luxurious facial, so confirm the type and price of your treatment long before sliding under the blanket. If the aesthetician suggests an upgrade during the facial, such as an eye mask, keep in mind that it might cost extra, so don't be shy about asking. To avoid leaving the spa loaded down with new products, Jamie Ahn, owner of Townhouse Spa and Acqua Beauty Bar, in New York City, suggests that you say, "I already have a routine I like, but can you write down your recommendations for the future?"

YOUR SKIN GLOWS!

Feeling pampered is fantastic, but so is seeing better-looking skin at the end of your treatment. In fact, you should expect nothing less. "The days of just 'steaming and creaming' are over," says King. Aestheticians now use products containing a higher level of active ingredients than ones you can buy, and the spa's special equipment helps them work harder. "Steam and massage boosts skin circulation and makes products penetrate deeper," says Ahn. Maintain the glow by following a regular skin-care routine at home. *—Erica Metzger*



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'Tis the Season to Look Sensational

WANT TO GET GLAM FOR A HOLIDAY BASH IN A HURRY? TRY ONE OF THESE THREE GORGEOUS EYE LOOKS IN LUXURIOUS METALLICS

It's time to dig out that party dress from the back of the closet and get ready for a big night out! But first, dress up your eyes with one of these stunning holiday-inspired ideas. They're surprisingly simple to create by using steps you're already familiar with, steps that require minimal products and just a couple of twists to zoom you from looking pretty to being gorgeous. A savvy piece of advice before you get started: Take your favorite look out for a test-drive. "Even one practice application will make you better and faster on the day you need to look great," notes Tricia Sawyer, a celebrity makeup artist in Los Angeles whose clients include Kate Beckinsale and Sharon Stone.

HOW TO DO IT:

Step 1: This effect calls for a super-sheer texture that melts right onto your skin, so reach for a loose shimmer or a silky powder shadow. With a shadow brush, bring the color from the lash line right to the crease. If you have hooded or mature lids, don't take the color any farther. "A blanket of shimmer will just make the lids seem puffy or wrinkled," says Susie Tasper, a makeup artist in Dallas who works with Trisha Yearwood and Jodie Foster. Those with deep-set eyes, however, can bring the color all the way up to the brow bone, she notes.

Step 2: [illegible] with a few [illegible] along the [illegible] the extra bend [illegible]

Step 3: Finally, [illegible] coats of black [illegible] balances [illegible]

"Mascara will create definition along the lash line," explains Sawyer, "and counteract the way the silver shade lightens your lashes."

WHAT TO USE:

1. The lightweight plastic structure of the Napoleon Perdis Lash Curler, $14, feels less intimidating than a metal curler, while the soft cushion pads prevent lashes from snagging.

2. With its curved brush and shaping and holding waxes, the Lancôme Courbe Virtuôse Mascara, $23, mimics the effects of an eyelash curler by giving your fringe the perfect bend.

3. Twist open the applicator cap of Maybelline New York Shadow Stylist in Elegant Pearl, $6.50, to blend the loose twinkly shadow over the lids. Add another layer for more intensity.

4. Mini Bourjois Eye Shadow #45 Silver Shimmer, $6, spreads so smoothly over lids that you can even apply it with your fingertip.





THE LOOK: SNOW ANGEL
A simple wash of silver shadow gives your eyes an ethereal glow that manages to be both sexy and innocent. "An icy sheen is really beautiful on every eye," notes Napoleon Perdis, a celebrity makeup artist who works on *Desperate Housewives* stars Teri Hatcher and Nicollette Sheridan, "as long as you adjust the intensity of the metallic to match your skin tone." For instance, a sheer application of pearly silver is best on fair skin tones, while a denser, more-metallic hue flatters darker complexions. Other silvery finishes, such as frosty pink, icy blue or pale violet, are equally arresting.

PHOTOGRAPHED BY ANDREA BUSO STYLED BY [illegible] WRITTEN BY [illegible]



THE LOOK: GILDED GIRL

While the expression "smoky eye" typically describes a palette of charcoals and grays, there's no reason not to create this super-glamorous look with other hues. In fact, we're certain you'll love the eye-brightening effects of gold, copper and bronze shades—all done up in the traditional smoky manner, of course. "These colors have light-diffusing properties that cast a golden glow," says Perdis, adding that they're also more youthful and modern than the conventional version. Just remember the golden rule of shimmer: Too much of it accentuates flaws, so you'll need to tailor the texture according to the condition of your lids. Younger, taut lids can handle more shimmer, while mature, crepey lids require less.



HOW TO DO IT:

Step 1: With a shadow brush, lightly tap a highlighter color, such as a pale gold, on the brow bone.

Step 2: Next dab a contour color, such as a deep gold or bronze shadow, along the crease. Mature lids look better with a matte shadow instead of one with shimmer. "It's more forgiving," says Jasper.

Step 3: Run the darkest color, such as a rich copper, along the upper lash line with a smudge brush, whose dense bristles create the perfect line.

Step 4: Time to blend! The goal, notes Jasper, is that "every color should meet and slightly overlap." Dust off your shadow brush or use a clean smudge brush to smooth the darkest color over the lid, blending it into the crease color. Dust off the brush again and blend the color from the crease to the brow bone.

Step 5: Run a bronze eyeliner pencil all around the eye. "Apply it as close as possible to the lash line to create a final layer of intensity," suggests Perdis. Soften the line with a smudge brush and then sweep it along the lower lash line.

Step 6: Finally, end with a few coats of mascara to show it all off!

WHAT TO USE:

1. Lorac Starry Eyed Baked Eye Shadow Trio in Shining Star, $24, offers three golden hues for highlighting, contouring and lining.
2. Almay One Coat Thickening Mascara, $6.99, conditions lashes with aloe and vitamin B5.
3. Sephora Professionnel Platinum Natural Dome Smudge Brush, $22, has densely packed natural bristles for blending and adding depth.
4. Mary Kay MK Signature Eyeliner in Bronze, $10, comes in a convenient, self-sharpening retractable package.



THE LOOK: FELINE FABULOUS
It's no coincidence that iconic Hollywood beauties of both the past and present—Elizabeth Taylor, Raquel Welch and Angelina Jolie, for instance—have all cleverly adopted the cat eye as their signature. "It's universally flattering. That dark line along the upper lid makes every eye look good," says Jasper. Adjust the thickness of the line to suit the size of your eyes. (The bigger your eyes, the thicker you can go.) We suggest liquid liner here because it helps create the darkest, most precise line and has the most staying power—two qualities that you'll appreciate at your soirée. But if you'd prefer to use pencil or gel liner with a thin lining brush, go for it!



Win It!

In the spirit of holiday giving (and holiday beauty!), QVC is giving 25 lucky readers an eye-makeup set from top QVC makeup artists Tricia Sawyer, Mally Roncal and Laura Gellar. Each set is worth more than $135. See page 194 for entry details.



Where to Find It, page 194

HOW TO DO IT:

Step 1: With a shadow brush, sweep a light-toned matte shade, such as ivory or apricot, over the lid and then define the crease with a medium shade, such as taupe or brown. "This clean, neutral base will keep the look polished and defined and help accentuate the liner," says Sawyer.

Step 2: "Liquid liner can be difficult to control, so start with a black eyeliner pencil as a base," suggests Perdis. Drag the pencil along the lash line, from the inner corner to the outer corner, getting slightly thicker as you move outward. If you like, add a slight kick at the outside corners of the eye to create a more-dramatic look.

Step 3: Now go over the pencil line with the tip of a liquid liner. "It's easier to control liquid liner when you apply it in smaller sections," notes Sawyer, who suggests a three-step technique: First run it along the inner corner to the mid-eye. Next go from mid-eye to the outer corner. Finally, reverse the direction of the tip and trace over the kick. Wait 10 seconds for the formula to dry before blinking.

Step 4: Clean up any smudges with a cotton swab dipped in eye-makeup remover and end with a few coats of thickening mascara to fatten up your lashes.

WHAT TO USE:

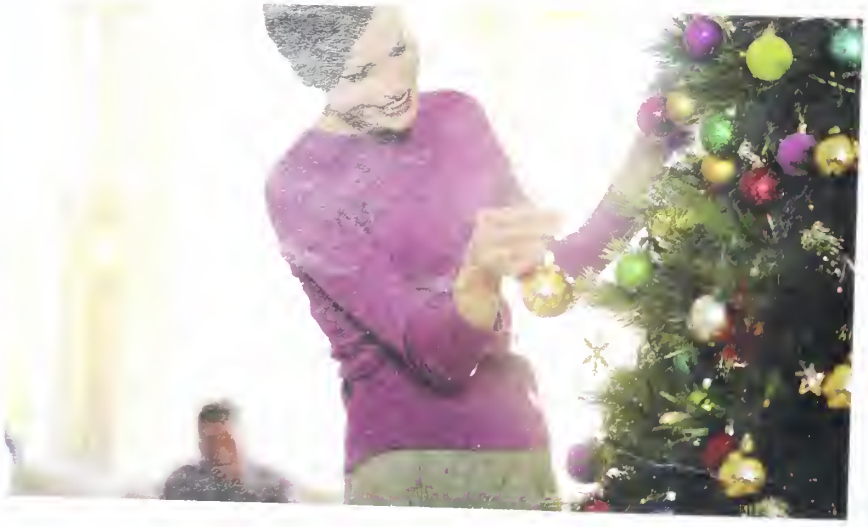
1. Revlon ColorStay Liquid Liner in Black Shimmer, $7.39, has a hint of sparkle for extra holiday dazzle.
2. The stiff felt-tip point of the L'Oreal Paris Voluminous Eyeliner Mistake-Proof Marker in black, $7.35, won't wiggle, even if your hand is unsteady.
3. Cover Girl LashBlast Mascara, $7.49, supersizes lashes, thanks to a hefty core and a multitude of bristles.
4. Physicians Formula Baked Collection Luminous Matte Wet/Dry Eye Shadow in Baked Butter, $7.95, contains a trio of natural shades.

LHJ.com Winterize your beauty routine with our tips at www.lhj.com/winterbeauty

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Fresh Starts

[SMALL STEPS TO SMARTER LIVING]



Savor the Season Together

THE GIFT OF TIME. You'll have more time, energy, and good cheer to give your family if you're not stressed-out trying to create the "perfect" holiday. Scale back as needed on shopping, cooking, decorating, and partying in exchange for precious quality time for yourself and loved ones. Having you there to play games, watch holiday movies, or just hang out by the fire together is more important to your kids than a perfectly decked-out home.

SIZE UP THE PIES. Your family loves rich holiday foods, but you're concerned about their intake of calories, fat, and cholesterol. Serve up half the fat of pecan pie. Supplement it with a beautiful fruit salad, topped with toasted coconut or chopped dates. Nuts are fine in moderation, so serve them whole, with nutcrackers and picks. It will slow everyone down and they'll probably eat less!

WRAP IT UP WITH RECYCLABLES. This season, delight family and friends by wrapping their gifts in fabric. It makes a unique personal statement, preserves natural resources, and reduces trash. Recycle remnants from kids' pajamas, an old pair of jeans, or try cloth napkins, tea towels, bandanas, or vintage thrift-store fabric. Wrap large items with a sheet or tablecloth. A fabric gift bag is a bonus gift they can use again to hold shoes, toys, or game pieces.

[Visit LHI... for **FREE*** samples and tips from our community ... ...ay experts. Log on and share yours!]

*...imit one per household, by mail

The Giving So...

The holidays are the perf... time to teach kids about giving back to others.

...family regularly donate... ...clothing to charity, keep a baske... ...laundry room to sort it ... ...easily. After washin... ...the items, place ther... ...basket. When it's full, bring ... ...or The Salvation Ar... ...for adding it ... ...books, and housewares.

...feel and smell won... ...they're washed wit... ...Pure Essentials™ wit... ...and White Lilac Sc... ...stains and leaves clothe... ...clean and fresh.

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pure essentials
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owny and Bounce Pure Essentials with aloe and
ite lilac scent. A fresh touch of goodness for your fabrics.

Knockout Knits

WINTER'S BOLD, PLAYFUL KNITS WILL KEEP YOU COZY AT WORK, ON WEEKENDS AND FOR EVENINGS OUT

WRITTEN AND STYLED BY SUE ERNETA



1 Classic navy-and-cream stripes are winter ready in a woolly toggle coat layered over a navy thick cable turtleneck. Warm gloves make a snowball fight an easy victory! Coat, $98, turtleneck, $88, both Gap. Gloves, Ann Taylor, $42.

2 A charcoal popcorn-knit coat is perfect on Sunday *and* Monday. Or take it to the next level by pairing it with evening separates for a chilly New Year's Eve. Coat, $198, skirt, $148, both French Connection. Turtleneck, WD-NY, $68. Gloves, Echo, $68. Tights, Hue, $11.

3 Wrap yourself in warmth in this ultra-thick, raisin-colored chain-stitch coat. Try layering it over a turtleneck and knit dress for a chic, comfortable look. Coat, United Colors of Benetton, $129. Turtleneck, $89.50, scarf, $99.50, both Uniqlo. Gloves, Echo, $68.

4 Don't hesitate to layer unexpected mixes of color, like these raspberry and orange cashmere sweaters. The multi-stripe scarf ties it all together. [illegible] sweater, $98, scarf, [illegible] raspberry [illegible] jeans, [illegible] Necklets [illegible] New [illegible] Boots, Coach.


Designers Originals
Available at JCPenney
Available in Misses and Women's. Also at jcp.com



5 Show your knit wit with this weekend look. The lemon-and-lime turtleneck is sweet when paired with a yellow-trimmed hoodie. Playful knit accessories, bright tights and gunmetal boots anchor the look. Hoodie, Gap, $49.50. Turtleneck, Isaac Mizrahi for Target, $34.99. Skirt, WD-NY, $68. Hat, Hat Attack, $33. Gloves, Echo, $30. Bracelets, Isaac Manevitz for Ben-Amun, $55 each. Tights, Hue, $11 each. Boots, MICHAEL Michael Kors, $279.

6 Pile on various knit textures for a cozy feel. Here, cables and ribs work together easily, thanks to the coordinating colors. Cardigan, French Connection, $148. Turtleneck, Gap, $29.50. Skirt, J.Crew, $88. Muffler, $58, scarf, $128, both Banana Republic. Gloves, Echo, $30.

7 The Christmas sweater gets an update in a rich red with beautiful covered-button detail. Turtleneck, $78, scarf, $148, both Banana Republic.

8 Cream cable-knit sweaters are a perennial holiday favorite. What makes this version modern is the horizontal pattern. It's a great look for you—or a fun gift for someone else. Sweater, Ann Taylor Loft, $59. Corduroys, Uniqlo, $39.50. Hat, American Eagle Outfitters, $24.50. Boots, Khombu, $130.

Knows no dog has ever eaten any homework.

Knows how to make history come alive.

Doesn't Know

Acid reflux may be damaging her esophagus.



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Nexium

NEXIUM can heal the damage caused by acid reflux disease.

If you suffer from acid reflux disease — persistent heartburn 2 or more days a week, despite treatment and diet change — you could have damage to your esophagus and not even know it. This damage can occur over time from acid wearing away the lining of the esophagus, and if left untreated, it could get worse. About 1 in 3 people with acid reflux disease have this condition,* called erosive esophagitis. Only your doctor can determine if you have this condition.

However, one prescription NEXIUM pill a day not only can provide 24-hour heartburn relief, but for many, can heal even the most severe erosions in the esophagus caused by acid reflux. Most erosions heal in 4 to 8 weeks. Your results may vary.

NEXIUM has a low occurrence of side effects, which may include headache, diarrhea, and abdominal pain. Symptom relief does not rule out other serious stomach conditions.

Please read the important Product Information about NEXIUM on the adjacent page and discuss it with your doctor.

For a **FREE TRIAL OFFER**, visit **purplepill.com** or call **1-888-PURPLEPILL (888-787-7537)**.

If you are without prescription coverage and can't afford your medication, AstraZeneca may be able to help.

*Source: AstraZeneca Data on File: DA-NEX-58

Nexium®
(esomeprazole magnesium)

AstraZeneca

IMPORTANT INFORMATION ABOUT NEXIUM

Please read this summary carefully and then ask your doctor about NEXIUM.

No advertisement can provide all the information needed to determine if a drug is right for you. This advertisement does not take the place of careful discussions with your doctor. Only your doctor has the training to weigh the risks and benefits of a prescription drug.

WHAT IS NEXIUM?

NEXIUM is a type of medicine called a proton pump inhibitor (PPI). It is used to treat acid reflux disease, also known as gastroesophageal reflux disease (GERD). GERD is a chronic condition that occurs when acid from the stomach backs up into the esophagus (food pipe) causing symptoms, such as heartburn, or changes to the lining of the esophagus. Common symptoms include frequent and persistent heartburn, a sour or bitter taste in the mouth, and difficulty swallowing.

For adults, NEXIUM is prescribed for the treatment of GERD symptoms. NEXIUM may also be prescribed to heal acid-related damage to the lining of the esophagus (known as erosive esophagitis), and to maintain this healing. Studies with NEXIUM did not go beyond 6 months.

For adolescents 12 to 17, NEXIUM is approved for the short-term treatment (up to 8 weeks) of GERD.

NEXIUM is available in two dosage strengths (20 mg and 40 mg). Only your doctor can prescribe the dose that's right for you.

HOW DOES NEXIUM WORK?

The lining of your stomach has millions of special cells. They make acid through "acid pumps." This acid is produced to help digest the food you eat. Sometimes the acid backs up into your esophagus, causing you to feel a burning sensation of heartburn. Over time, acid can wear away or erode the lining of the esophagus. This condition, called erosive esophagitis (or EE), is a more serious effect of acid reflux disease, and only a doctor can determine if you have this condition.

NEXIUM can turn off some of these acid pumps. This reduces the chance of heartburn and other acid reflux disease symptoms. For many people, one NEXIUM pill a day, can relieve heartburn symptoms for 24 hours.

For [illegible] NEXIUM heals most erosions in the [illegible] in 4 weeks. Your [illegible] may [illegible].

WHO SHOULD NOT TAKE NEXIUM?

You should not take NEXIUM if you:

- have ever had an allergic reaction to the active ingredient, esomeprazole magnesium trihydrate
- have ever had an allergic reaction to any of the following inactive ingredients in NEXIUM (including the capsule shells): glyceryl monostearate 40-55, hydroxypropyl cellulose, hypromellose, magnesium stearate, methacrylic acid copolymer type C, polysorbate 80, sugar spheres, talc, triethyl citrate, gelatin, FD&C Blue #1, FD&C Red #40, D&C Red #28, titanium dioxide, shellac, ethyl alcohol, isopropyl alcohol, n-butyl alcohol, propylene glycol, sodium hydroxide, polyvinyl pyrrolidone, and D&C Yellow #10.
- are allergic to any PPI medication
- are younger than 12 years of age
- are pregnant, think you may be pregnant, or are planning to become pregnant
- are breast-feeding

HOW SHOULD I TAKE NEXIUM?

NEXIUM should be taken only when prescribed by a doctor. Follow his or her instructions about when and how to take NEXIUM. If you are unsure or have questions, ask your doctor.

One NEXIUM pill should be taken once per day, or as prescribed by your doctor. Take it at least 1 hour before a meal. Swallow the pill whole. If you have a hard time swallowing the pill, you can empty it into a tablespoon of applesauce. Be sure to eat it right away. Never chew or crush it. Never store it for later use.

WHAT SHOULD I TELL MY DOCTOR BEFORE TAKING NEXIUM?

Before taking your medication, tell your doctor if you:

- are taking any other medication, including any over-the-counter (OTC) medication
- have suffered any allergic reaction to any medication
- have or have had severe liver damage
- are pregnant, think you may be pregnant, or are planning to become pregnant
- are breast-feeding
- are taking a blood thinner (such as Coumadin® or warfarin)
- are taking a drug to treat or prevent fungal infections (such as ketoconazole)
- are taking a drug for HIV treatment called atazanavir

WHAT ARE THE POSSIBLE SIDE EFFECTS OF NEXIUM?

In adults, side effects with NEXIUM may include headache, diarrhea, and abdominal pain.

In adolescents 12-17, side effects with NEXIUM may include headache, diarrhea, abdominal pain, and nausea.

NEXIUM may cause other side effects besides those listed here. If you have any side effects or symptoms that you are concerned about, talk with your doctor.

Symptom relief with NEXIUM does not mean other serious stomach conditions do not exist.

HOW SHOULD I STORE NEXIUM?

NEXIUM should be stored at room temperature (25°C, 77°F). Keep your pills in the bottle they came in. Keep the pills away from children. If your doctor tells you to stop treatment, throw out the pills. Do not take your pills after the date of expiration on the bottle has passed.

WHERE CAN I GET MORE INFORMATION ABOUT NEXIUM?

Talk to your doctor about NEXIUM. You can obtain full prescribing information and other details by visiting **www.purplepill.com** or calling 1-800-236-9933.

GENERAL ADVICE

It is important to take NEXIUM as prescribed and to discuss any changes you experience while taking NEXIUM with your doctor. You should only use NEXIUM for a condition for which it has been prescribed. Do not give NEXIUM to other people, even if they have the same medical condition you have. Keep NEXIUM and all medicines out of the reach of children.

NOTE: This summary provides important information about NEXIUM. For more information, please ask your health care professional or doctor about the full prescribing information and discuss it with him or her.

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Purchase APR is 0% until the last day of the billing period ending during June 2008. Balance transfer APR is 0% until the last day of the billing period ending during December 2008. Standard purchase APR: 13.99%. Cash APR: 22.99%. Default APR: up to 28.99%. Min. fin. [illegible] $.50. Cash transaction fee: 3%, min. $5 and no max. Balance transfer fee: 3%, min. $10, max. $75. Rates as of September 1, 2007.

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The Dog Who Saved the Day

Teen Driving Truths

Mother-in-Law Mayhem

CYNTHIA HANSON

"He's a Mama's Boy"







Her turn: "I knew when I started dating Bill that he was close with his parents, but I had no idea *how* close until after our wedding," said Sue, 44, who lives in Virginia with her husband of 10 years and her children from a previous marriage—Mark, 18, and Patty, 15. "My in-laws, Ruth and John, were thrilled when their only child finally got married at 42, so I figured we'd have a warm relationship. But we'd barely unpacked from our honeymoon when Ruth started trying to run our lives.

"Here's an example of the way she meddles in our marriage: When we bought our house a month after our wedding, we casually mentioned relandscaping the yard. About a month after that Ruth called me to ask about the status of the project, recommending certain shrubs and mentioning the importance of marital compromise. As it happened, Bill and I had had an argument about what shrubs to buy exactly 48 hours earlier.

"Call me naïve, but I didn't put two and two together until about six months later when Ruth repeated the exact language that Bill and I had used in an argument about chores. I confronted him, and he admitted that he discussed our fights with her. 'She asks me questions in such a nice way that I don't even realize I'm being pumped for information,' he said defensively. He refused to admit he'd done anything wrong, but I badgered him into promising to tell Ruth to butt out. He didn't keep his word and she didn't let up—so a decade later we're still fighting the same battle.

"Ruth is very loving toward my kids, but as much as I appreciate her treating Mark and Patty as if they were her biological grandchildren, I hate the way she undercuts my authority. Occasionally I ground one of the kids for mouthing off or not cleaning [illegible] It's mean to ground someone for a whole week,' [illegible] front of them! She manipulates the kids to the [illegible] give in to their requests for brand name [illegible] budget, they'll run to her for it.

[illegible] us apart. I can control my temper only so [illegible] calling Bill a mama's boy and accusing him of loving me less than he loves his mother. We've stopped going to the movies, watching TV together and having sex—all my choices, because I'm just so mad.

"But then the men in my life have always disappointed me. I grew up in a working-class family, the younger daughter of a mechanic and a bookkeeper. When I was 11 my parents divorced and Dad moved to California. We didn't hear from him for six years. Devastated by his abandonment, I







grew really close to my mom, a hardworking, loving woman. A month before I graduated high school Dad called to renew our relationship. We saw each other periodically until his death, 15 years ago. We got along, but I never fully forgave him for leaving.

"After high school I got a clerical job at a law firm, eventually becoming the executive assistant to one of the senior partners. At 22 I married Tom, a 24 year old policeman, and I was happy until he had an affair right after Mark was born. I tried to forgive him and move on, but he cheated again while I was pregnant with Patty. After our divorce he married his girlfriend, started a new family and basically deserted our children, just as my father had done to me.

"A year or so after my divorce a coworker invited me for drinks with her bowling team. Bill, the team captain, was a courteous, handsome man of 40 who worked as a supervisor in the city's parks department. We had similar interests in movies, music and football, and I felt a strong chemistry. It struck me as odd that Bill had never married and still lived in his parents' house (though in a separate apartment), but I tried not to judge. Before we closed the bar at 2 A.M., he invited me to a Super Bowl party at his place the following week. I had a great time and even met his parents when they came by with appetizers. They didn't linger, so I thought nothing of it.

"Soon Bill and I were madly in love, trying new restaurants, renting movies, going to concerts and sharing our hopes and dreams. Mark and Patty, then 6 and 3, yearned for a father, and I was ecstatic when the three of them hit it off. I didn't want more children, and Bill was fine with being a stepfather. Occasionally we'd all have Sunday dinner with his parents, and everything seemed normal. It never occurred to me to discuss what role his parents would play in our new life—or what boundaries we should set—because their behavior raised no red flags.

"My wake-up call came when we bought a fixer upper about 20 minutes away from them, just weeks after our wedding. Bill was eager to do the renovation himself, but if he called his dad, who's very handy, with a question, the next thing you knew, the two of them would be at our house and John would be doing the work! John isn't bossy the way Ruth is, but he can be just as overprotective. And since Ruth pushes him around, too, he goes along with everything she wants. It upset me to see Bill treated as an incompetent child, but he shrugged it off, saying, 'That's just how they are.'

"Before I knew it, my in-laws were taking us out to dinner three nights a week. If we declined an invitation, Ruth would show up unannounced, casserole in hand. 'I thought you might be too tired to fix dinner,' she'd say, making herself at home in my kitchen. To this day, despite my constant pleas to Bill to cut back, we still have dinner with them twice a week. And twice a year they take all of us on a luxury vacation. We've gone to Europe, Alaska, the Caribbean and Mexico—places we could never afford. I enjoy these trips, but I'm being perfectly honest when I say I'd be happier to take a modest vacation by ourselves. I hate feeling so beholden to them, but Bill and the kids love these extravaganzas, so I've kept quiet.

"Believe it or not, I actually like my mother-in-law. She truly cares for us, and she's a lot of fun at times. And I still love Bill. He's kind and good natured and a fabulous stepfather to my kids. But I can't take Ruth's meddling anymore and I'm sick of being number two in Bill's affections."

CONTINUED



His turn: "My mother is not the center of my life, but I can understand why Sue thinks so," admitted Bill, 52. "Mom's the type of person who won't take no for an answer from anybody, least of all me. And Dad's in the same boat, so he's the last person who'd support me and tell her to back off.

"I'll admit that I downplay Mom's intrusiveness and tell Sue she's overreacting. But Sue is a dirty fighter, and she shares some of the blame for our problems. I hate it when she berates me, calls me a mama's boy and rejects me sexually. Her behavior brings out my quiet and passive side, which just makes her angrier and confirms her view of me as weak.

"I've always been close to my parents, but my mom and I developed an especially tight bond because Dad, an officer in the Navy, was often at sea on training deployments. Mom couldn't have any more kids after me, so I was lavished with attention and gifts, a pattern that continues to this day. The downside is that they still treat me like a child. Dad isn't domineering the way Mom is, but he smothers me, too. When I ran into trouble fixing up our house, I wanted him simply to answer my questions. But instead he took over—and I let him, because that's just how it is with us.

"I never had a girlfriend until I was in my early 20s, and I was crushed when she dumped me after six months. I didn't date much after that. My life revolved around my job in the parks department, bowling and my parents, whom I saw every day. I moved into the garden-floor apartment of their townhouse and stayed because it was rent free, large and close to work. In retrospect, that was probably a bad idea—though we didn't eat or vacation together at the time.

"As a 40 year old bachelor I longed to meet someone and get married. When one of my bowling teammates introduced me to Sue, I was instantly attracted. She's outgoing and gorgeous. I enjoyed her company so much that I asked her out immediately.

"I soon fell in love with Sue and her wonderful children. Being with Sue brought out my untapped fun-loving and playful side. [illegible] roasters with Mark, built sand castles with Patty, showed them how to bowl. And the long talks Sue and I had [illegible] understood for the first time. Sue complained to [illegible] and fiddle to my mom, but she's got it all wrong. [illegible] close to anyone as I have to Sue.

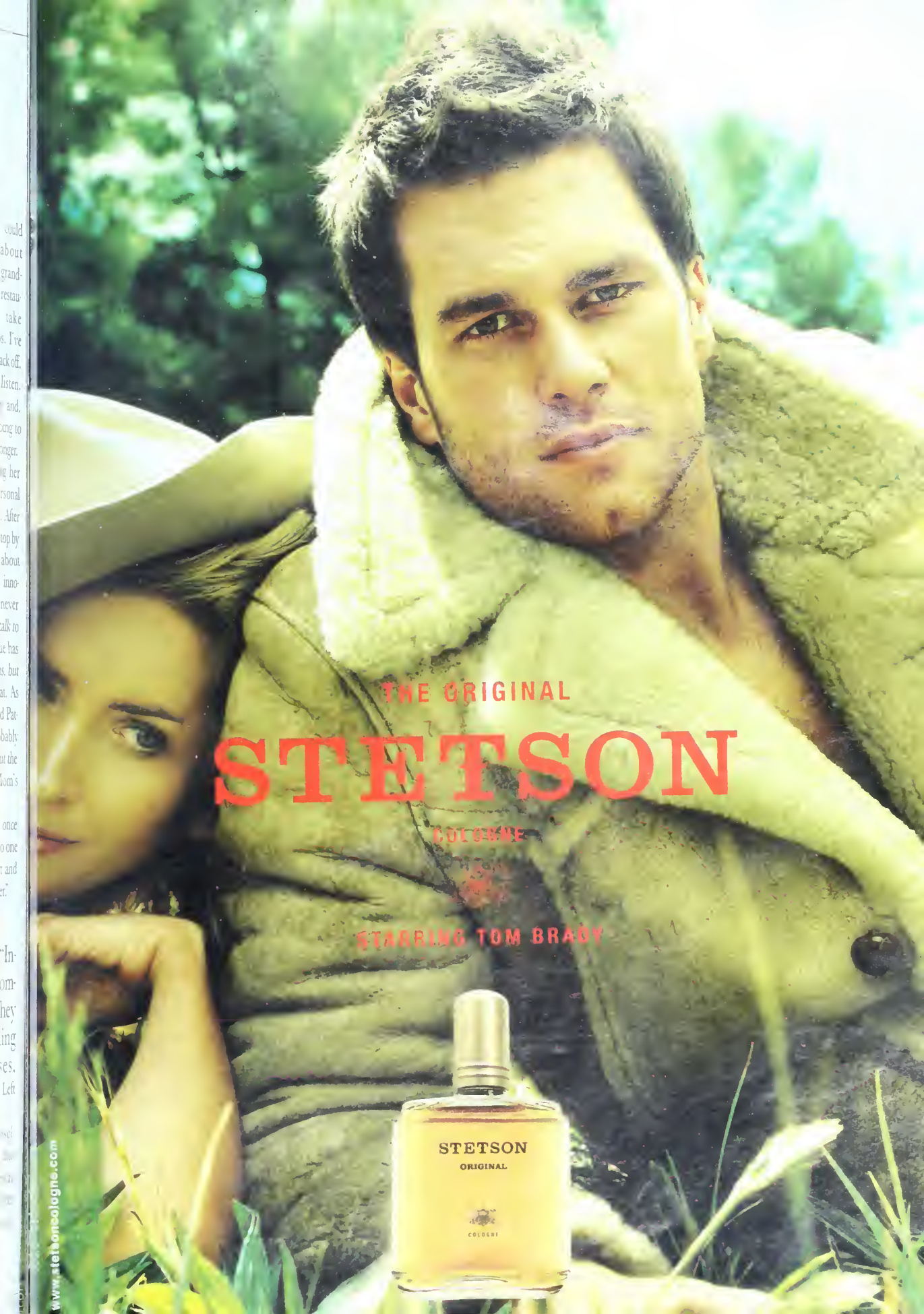
"She [illegible] parents didn't meddle while we were engaged. [illegible] seized on my marriage as a chance to do things she could only dream about before—dote on grandkids, treat us to restaurant dinners, take extravagant trips. I've begged Mom to back off, but she doesn't listen. Besides, I love her and, at 82, she's not going to be around much longer.

"As for sticking her nose into our personal business, Mom is guilty—and so am I. After we got married I continued to call or stop by every day. She traps me into talking about our marriage by asking questions so innocently that I end up saying things I never intended to. Who knew Mom would talk to my wife about these conversations? Sue has every right to be angry with both of us, but especially me. I feel terrible about that. As for Mom's relationship with Mark and Patty, yes, she offers opinions and has probably been too free with money and gifts. But the kids adore her, and I just don't see Mom's involvement with them as negative.

"I really miss the intimacy Sue and I once had. When we're not arguing, there's no one I'd rather be with more than my smart and beautiful wife. I couldn't bear to lose her."

The counselor's turn: "In-law problems are extremely common," the counselor said. "They can linger for years, creating animosity between spouses, eroding trust and destroying intimacy. Left unresolved, they can ruin marriages.

"When Sue and Bill started counseling, they argued constantly; Sue felt that Bill was indifferent to her concerns, defensive about his attachment to his mother and uncommunicative. Most CONTINUED


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dominee, was feeling of playing second fiddle to his partner. Bill didn't see their intrusiveness or their financial assistance as a problem, but he was upset that Sue withdrew sexually and emotionally.

"In order to succeed at marriage, spouses must separate from their parents and channel their emotional energy into their partners. For Bill, an only child and lifelong bachelor, this proved especially difficult. He had yet to 'psychologically individuate'—that is, he remained emotionally and financially fused to his parents, seeing himself in relation to them rather than as a distinct individual. Moreover, he had little motivation to separate, since they had supported him emotionally and financially into middle age. 'You basically added Sue to the life you had, when you should have built a new life together,' I explained. 'Calling Ruth or stopping by every day, accepting dinner invitations against Sue's wishes, sharing conversations the two of you had—this behavior shows that you're as attached to your mother now as you were when you were single. And unless you change that, you could end up losing Sue.'

"Meanwhile, Sue exacerbated the strife by verbally attacking Bill, a tactic that put him on the defensive. Sue harbored unresolved anger and resentment toward her father and first husband, who'd both abandoned her. When Bill's behavior made her feel emotionally abandoned, she unconsciously turned that hostility on him. And she let the problem linger far too long, fearing that if she forced the issue, he'd choose his mother over her.

"Desperate not to lose Sue, whom he deeply loved, Bill agreed to set clear boundaries with Ruth. He told her that he and Sue were in couples counseling but didn't elaborate. He also said he no longer wanted to discuss his marriage. He scaled back the calls and visits, citing his busy work schedule. When Ruth issued an invitation, the couple decided together and responded in the first-person plural: 'Thursday doesn't work for us' or 'We'd love to have dinner on Saturday.'

"Predictably, her son's distancing upset Ruth, and she complained to Bill about his infrequent calls and visits, phoning him at work and peppering him with questions. 'I hated to hurt Mom,' Bill admitted, 'but I had to save my marriage.' Ruth also griped to Sue about the changes in Bill, saying, 'Bill won't accept my dinner invitations without asking you first' or 'Bill never calls me anymore.' Sue and Bill didn't answer these comments, believing that if they didn't engage her in debate, she'd eventually back off.

After about six months, she did. The couple now have [illegible] Ruth and John, and they alternate paying. [illegible] continue the family vacations, but ultimately [illegible] the invitations would needlessly deprive them [illegible] opportunity both to travel and to enjoy their stepgrandparents' affection. 'I do want them in our lives,' said Sue. 'I just don't want them to *run* our lives.'

"With Ruth neutralized, the tension and arguing decreased, too. I encouraged the couple to commit to regular private time without kids or parents—time in which they could have the long, heartfelt conversations that had been a hallmark of their courtship. They now schedule regular dinner-and-a-movie dates twice a month. They're also planning a trip to California, their first vacation alone since their honeymoon. Having regained their emotional closeness, the couple saw their sex life improve, too.

"Sue and Bill spent a highly fruitful year in counseling. 'I'm so proud of my husband,' Sue said. 'We've fallen in love again, and our relationship is better than ever.'

"'Marrying Sue is the best thing that ever happened to me,' agreed Bill. 'I'm so sorry for all the pain I caused her.'"



"Can This Marriage Be Saved?" is the most enduring women's magazine feature in the world. This month's case is based on interviews with clients and information from the files of Marc D. Rabinowitz, LCSW, a marital therapist at the Psychotherapy Center in Norfolk, Virginia. The story told here is true, although names and other details have been changed to conceal identities. "Can This Marriage Be Saved?" is a registered trademark of Meredith Corporation.

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It is developed and approved specifically for children 12 months to 8 years of age to help prevent asthma symptoms that could lead to an attack. PULMICORT RESPULES fights asthma symptoms where they start—in the lungs—because it's inhaled as a mist, using a nebulizer. It helps prevent symptoms—like coughing and wheezing—before they happen and can make it easier for your child to breathe, both day and night. Be sure to discuss any changes in your child's symptoms with your child's doctor. And ask if PULMICORT RESPULES is right for your child.

Important Safety Information you should know.

PULMICORT RESPULES, an inhaled corticosteroid, is not a quick-relie medicine and should NOT be used to treat an acute (sudden asthma attack. In studies, side effects included respirator infection, runny nose, earache, and coughing. If switching t PULMICORT RESPULES from an oral (syrup or pill) corticosteroid follow the doctor's instructions to help avoid health risks. Tell th doctor if your child is exposed to chicken pox or measles.

Ask your child's doctor about PULMICORT RESPULES today.

An offer that educates and entertains. Learn about asthma, plus cartoons for kids.

Free DVD on Asthma

Call **1-877-802-6762** or visit **PulmicortRespules.com**

Please see brief summary of Prescribing Information on adjacent page.

If you can't afford your prescription, AstraZeneca may be able to help. To learn more, visit **AZandMe.com**

U.S. Food and Drug Administration Web site. Breathing better, acting, plus keep ast check. Available at: http://www.fda.gov/FDAC/features/2003/203_asthma.html. Accessed May 17, 200

Pulmicort RESPULES® (budesonide inhalation suspension)

0.25 mg
0.5 mg
1 mg

AstraZeneca

IMPORTANT INFORMATION ABOUT PULMICORT RESPULES

Please read this summary carefully and then ask your child's doctor about PULMICORT RESPULES.

No advertisement can provide all the information needed to determine if a drug is right for your child. This ad does not take the place of careful discussions with your child's doctor. Only your child's doctor has the training to weigh the risks and benefits of a prescription drug.

WHAT IS PULMICORT RESPULES?

WHO SHOULD NOT USE PULMICORT RESPULES?

HOW SHOULD PULMICORT RESPULES BE USED?

- Your child should use PULMICORT RESPULES at regular intervals, once or twice a day, as directed by the doctor
- If your child misses a dose by more than several hours, give the next dose at its regular time DO NOT DOUBLE THE PRESCRIBED DOSE

You should see your child's asthma become more controlled within 2 to 8 days of starting treatment with PULMICORT RESPULES. Maximum benefit may not be achieved for 4 to 6 weeks.

Since effectiveness depends on regular use, do not stop treatment or reduce the dose, even if your child feels better, unless told to do so by the doctor.

WHAT SHOULD I TELL THE DOCTOR BEFORE MY CHILD USES PULMICORT RESPULES?

Whether your child:

- Is allergic to budesonide or any other inhaled corticosteroid
- Is taking any other medicines or supplements
- Has any infections
- Has or had tuberculosis
- Has osteoporosis
- Has recently been around anyone with chicken pox or measles
- Is planning to have surgery
- Has been taking an oral corticosteroid medicine like prednisone. You may have to follow specific instructions to avoid health risks associated with stopping the use of these types of medicines

In some circumstances, this medicine may not be suitable, and your doctor may wish to prescribe a different medicine.

WHAT ARE THE POSSIBLE SIDE EFFECTS OF PULMICORT RESPULES?

As with all inhaled corticosteroids, you should be aware of the following side effects:

- Increased wheezing right after taking PULMICORT RESPULES may occur in some children. Always have rescue medicine with you to treat sudden wheezing
- Immune system effects and a higher chance of infections
- Eye problems including glaucoma and cataracts. Eye examinations should be considered while using PULMICORT RESPULES
- Your child's growth should be checked regularly while taking PULMICORT RESPULES because of the potential for slowed growth

Based on clinical trials, the most common side effects reported by patients using PULMICORT RESPULES are:

- Respiratory infections
- Ear infections
- Runny nose

These are not all of the possible side effects of PULMICORT RESPULES. For more information, ask your child's doctor or pharmacist.

HOW SHOULD I STORE AND MAINTAIN PULMICORT RESPULES?

- Store upright at controlled room temperature (68° to 77°F or 20° to 25°C) in the aluminum foil envelope to protect the medicine from light
- Once you have opened the aluminum foil envelope containing the PULMICORT RESPULES ampules, keep the unused ampules in the envelope, protected from the light. Any unopened ampules remaining after 2 weeks should be discarded
- Keep out of reach of children
- Do not refrigerate or freeze

Once you have opened the PULMICORT RESPULES ampules, the product should be used immediately.

WHERE CAN I GET MORE INFORMATION ABOUT PULMICORT RESPULES?

Talk to your child's doctor. You can obtain full Prescribing Information and other details by visiting PulmicortRespules.com or calling 1-800-236-9933.

GENERAL ADVICE

It is important to take PULMICORT RESPULES as prescribed. Be sure to discuss any changes your child has while taking PULMICORT RESPULES, with his or her doctor. Your child should only use PULMICORT RESPULES for the reason and in the way it has been prescribed. Do not give PULMICORT RESPULES to other people, even if they have the same medical condition as your child.

PULMICORT RESPULES should not be taken to treat your child's asthma attack or other sudden symptoms that require immediate treatment.

This summary provides important information about PULMICORT RESPULES. For more information, please talk to your doctor about the full Prescribing Information and discuss it with him or her.

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Visit PulmicortRespules

Or, call the AstraZeneca toll-free at 1-800-236-9933

If you can't afford your medicine, AstraZeneca may be able to help.
To learn more

Pulmicort RESPULES® (0.25 mg, 0.5 mg, 1 mg)
(budesonide inhalation suspension)

AstraZeneca

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Here's a real family value this Holiday season! It's our "snack-packed to the very top" 2 gallon Jolly Snowman design tin. A holiday party in a tin for your family-family, business family or the family down the street. Inside there are bags of our premium popcorns, including tangy cheddar, zesty white cheddar and our sweet, crunchy caramel corn. There are two snowmen butter cookies nestled amongst bags of mini pretzels, chocolate chip cookies, a tin of honey roasted peanuts, plus foil wrapped milk chocolate ornaments and sour star fruit chews. Do a little Snow Business with us today. Your satisfaction is 100% guaranteed!

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BY MARGARET RENKL

Teaching Sam to Drive

My eldest son has his learner's permit, but I'm the one who's having a very bumpy ride



"Okay, you have to slow *way* down here," I'm saying. Sam, at the wheel, doesn't respond. He's concentrating too hard to speak. His hands, correctly positioned at 10 and 2 o'clock, grip the steering wheel so tight his knuckles are white, and his face, furrowed in concentration, is beginning to turn red. It occurs to me to wonder if he's actually holding his breath. Then it occurs to me to wonder if he's forgotten how the brakes work on our 12-[illegible] Camry. This is not his first time behind the wheel, but [illegible] parked before, and he's approaching the last row of [illegible] market lot without decelerating in the least.

[illegible] you have to slow to almost a stop," I say. "Especially if the next car is a black Jag- [illegible] n the last row in the lot to avoid open- [illegible] about to challenge this theory.)

Sam plows forward, clearing the Jag by a mere quarter inch.

"Honey, *slow down!*" I insist. The car keeps moving. Now I'm less worried about property damage and more worried about death. "*Stop the car!*"

Sam, with the bony knees of his 6-foot-2 frame jammed under the steering wheel, untangles his size-12 feet and stomps on the pedal. The wrong pedal. The car lurches forward—up and over the cement barrier at the end of the parking space, over the sidewalk curb and straight toward traffic streaming past us on the crowded road.

I throw my arms up over my face. Sam, reordering his knees, finally stomps on the other pedal. The car slams to a stop a foot from the road. We look at each other, panting.

Sam says a word he's not allowed to say, turns off the car and hands me the keys. There's a finality to the gesture. If an alien starship arrived at the Kroger parking lot this minute and beamed him aboard, never to return to his loving mother's arms, he'd go. Gladly.

I may have the CONTINUED ON PAGE 66

Relax, your secret's safe with me.



Worried about how many times you excuse yourself?

You can do something about your bladder control problem. Ask your doctor about DETROL LA.

Have strong, sudden urges to go to the bathroom, and maybe even accidents? Go more than 8 times a day? If so, you may have a medical condition called overactive bladder. But with DETROL LA, you can help reduce the symptoms so you can worry less about your bladder.

One DETROL LA works 24 hours, all day and all night.* It helps calm the bladder muscle that causes those strong, sudden urges. Just imagine what a calmer bladder can do for you.

DETROL LA 24 HOURS

Detrol LA

tolterodine tartrate

extended-release capsules

If you have certain stomach problems, glaucoma, or trouble getting urine to pass, you shouldn't take DETROL LA. The most common side effects are dry mouth, headache, constipation, and abdominal pain.

DETROL LA, like all medicines, has benefits and risks. There may be other options. Ask your doctor if DETROL LA is right for you. For more information, visit DETROLLA.com.

*Results may vary. Please see important product information on back. © 2007 Pfizer Inc. All rights reserved. April 2007 DD275001F

Uninsured? Need help paying for medicine? Pfizer has programs that can help, no matter your age or income. You may even qualify for free Pfizer medicines. Call 1 866 706 2400. Or visit www.pfizerhelpfulanswers.com.

helpful answers

IMPORTANT FACTS

Detrol LA
tolterodine tartrate
extended release capsules

(DEH-trol el-ay)

ABOUT OVERACTIVE BLADDER

Overactive bladder happens when the bladder muscle squeezes too often or it cannot be controlled. You may have wetting accidents (urge urinary incontinence). You may feel a strong need to pass urine right away (urgency). You may also feel you need to go often (frequency).

WHO IS DETROL LA (long-acting) FOR?

Who can take DETROL LA?

Adults 18 years and older with symptoms of overactive bladder.

Who should not take DETROL LA?

Do not take DETROL LA if:

- You have trouble emptying your bladder (urinary retention).
- Your stomach empties slowly (gastric retention).
- You have an eye problem called uncontrolled narrow-angle glaucoma.
- You are allergic to anything in DETROL LA.

DETROL LA did not help the symptoms of overactive bladder when studied in children.

BEFORE YOU START DETROL LA

Tell your doctor about all your medical conditions, including:

- Stomach or intestinal problems.
- Trouble emptying your bladder or if you have a weak urine stream.
- An eye problem called narrow-angle glaucoma.
- Liver or kidney problems.
- If you or any family members have a rare heart condition called QT prolongation (long QT syndrome). If you are pregnant or trying to become pregnant. We do not know if DETROL LA could harm your unborn baby.
- If you are breast-feeding. We do not know if DETROL LA passes into your milk or if it can harm your baby.

Tell your doctor about all your medicines. Include over-the-counter medicines, vitamins, and herbal products. Other drugs may change how your body handles DETROL LA. Your doctor may use a lower dose of DETROL LA if you take:

- Some medicines for fungus or yeast infections such as Nizoral® (ketoconazole), Sporanox® (itraconazole), and Monistat® (miconazole).
- Some medicines for bacteria infections such as Biaxin® (clarithromycin) and erythromycin.
- Sandimmune® (cyclosporine) or Velban® (vinblastine).

SIDE EFFECTS OF DETROL LA

The most common side effects are:

- dry mouth
- headache

These are not all the side effects of DETROL LA. For a complete list of side effects, ask your doctor or pharmacist.

HOW TO TAKE DETROL LA

Do:

- Take DETROL LA exactly as your doctor tells you. For some people, DETROL LA may not work right away. Check with your doctor before stopping DETROL LA.
- Take DETROL LA capsules once a day with liquid, at the same time each day.
- Take DETROL LA with or without food.
- If you miss a dose of DETROL LA, begin taking DETROL LA again the next day. Do not take 2 doses of DETROL LA in the same day.
- Store DETROL LA at room temperature and out of light.

Don't:

- Do not drive a car or work with machines until you know how DETROL LA affects you. Medicines like DETROL LA can cause blurry vision. They can make you dizzy and sleepy.
- Do not change the dose on your own. Talk with your doctor.

ABOUT DETROL LA

DETROL LA is a prescription medicine that treats the symptoms of overactive bladder.

- It reduces wetting accidents.
- It reduces the sudden, strong urge to pass urine.
- It helps you have fewer trips to the bathroom.

NEED MORE INFORMATION?

- This is only a summary of important information. Ask your doctor or pharmacist for complete product information.
- Go to www.detrolla.com.
- Call **(1-888) 4-DETROL (1-888-433-8765)**.

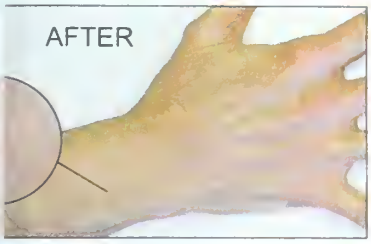
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Look 5, 10, even 20 years younger.*

Instantly* remove the appearance of:

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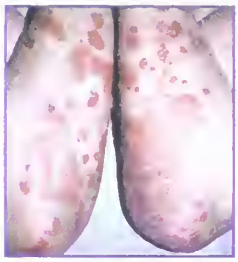
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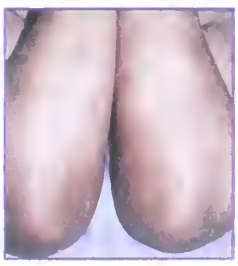


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- Steroid & Coal Tar FREE
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- Stops intense skin & scalp itch on contact
- Controls scaling, flaking & crusting
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BEFORE



AFTER

Look for the purple box in the skin care or first aid aisle at:

Walgreens
CVS/pharmacy
RITE AID
and other fine pharmacies.

Purchase now and receive a
FREE SUPPLY*
Details inside box while supplies last.
*Free Supply of SkinCylic® Skin Cleanser.

He'll be a good driver—once he gets the hang of the brakes

...teenager in America who isn't itching to drive a car. It's not that Sam isn't desperate to get away from me. He is desperate—a fact he does not hesitate to point out daily—but for the past few years he's already been quite successful at ditching his parents. He walks, bikes or rides the city shuttle bus that comes on demand. And when he wants to visit a friend who lives too far away, my husband or I will almost always give him a ride. Sam just pops in his iPod earbuds, turns up the volume and zones out till the car magically deposits him, through no effort of his own, exactly where he wants to be.

He understands that he needs to learn how to drive a car if only because the day is coming when he will want to ask a girl out on a date, and a teenage girl in a prom dress isn't the best candidate for riding on the handlebars of his secondhand bike. But at this exact moment, girlfriendless, he has no urgent need to drive anywhere. And the idea of being stuck in a car with me or his father, without an iPod, for the 50 hours of supervised driving practice our state of Tennessee requires before he can get his license is a powerful disincentive to becoming an apprentice driver. "Want to drive me to the grocery store?" I ask brightly a couple of times a week.

"No."

"Want to drive to Target?"

"No."

"Want to . . ."

"No."

It's ironic that I'm the one who's nudging Sam toward automotive independence. Apart from the fact that I'm absolutely terrified of setting him free in a car, there's the fact that I didn't actually learn to drive myself until I was out of college. My parents had only one car and they couldn't afford the astronomical cost of insuring a teenage driver. Even if I had a driver's license, I was never going to be allowed to use it. So right up to my second year of graduate school I walked wherever I needed to go or caught a ride with friends.

Now I'm working harder, now that Sam's 16 in January, to make sure he learns to drive: to letting him behind the wheel alone, I'm not letting him drive with any other 16-year-old. Sam is instinctively cautious and amazingly levelheaded. Once he gets the hang of operating a car—especially the brakes—he's going to be a really good driver. I can't think of any other 16-year-old boy I could say the same for. If Sam's going to be leaving the house without an adult copilot anyway, and very soon, I'd feel a whole lot safer if he's the person in charge of the car. And I know that the only way Sam will ever become a safe driver is to drive, a lot.

Nevertheless, I'm beginning to realize that, as a mother, I'll never feel truly safe again. Tennessee is ranked among the top 10 states for automobile-related teen fatalities in the country, and it's hard not to worry—even with a really good kid—about the twin temptations of speed and alcohol that seem to come hand in glove with teenage boys and automobiles. So as much as I urge Sam to take the wheel whenever we go somewhere together, there's a part of me that's almost relieved when he shrugs me off. It's classic ostrich stuff: If he's in no hurry to drive away, then how far, after all, can he really get?

It's not just the driver's license that's at issue. It's what the license represents. When a boy turns 16, a friend of mine says, he drops the last booster rocket and leaves childhood far behind, entering a whole other dimension. That's the image I can't get out of my mind every time Sam squeezes his lanky frame into our car and turns the key. The boosters are already firing, and my heart is starting to pound, my ears filled with the sound of their roar. I dread the day when he leaves me behind, not even noticing that I'm standing at the door, waving frantically as he heads out of our driveway, down the street where only half a second ago he was learning to ride a two-wheeler, past the dead-end sign, and away.

Your Life as a Mom



Join the lively community of mom bloggers at LHJ.com, where mothers across America are writing, laughing and supporting one another. Read about moms like you, then start your own blog at WWW.LHJ.COM/MOMBLOG

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Soundtrack of your Life

LIFE HAS A RHYTHM

When you watch television, films and special events, it's music that sets the scene. The soundtrack helps create the emotions, pace and rhythm of each moment. It's what makes you excited during a car chase and uplifted during a romantic moment. Why should your life be any different?

Studies show that music affects behavior. The music you listen to can make you work faster or slower, and feel more or less relaxed. By adding the right music to your daily activities, you can invent the right soundtrack for your life. From cooking and cleaning to eating and exercising, selecting music that complements your experiences creates a better rhythm for your day.



CLEANING UP

Doing chores around the house can be a lot more enjoyable and get finished much more quickly when it's done to the sounds of a favorite high-energy song. Try choosing upbeat melodies as the background for chores. You'll establish a quicker pace to get work done. If the whole family is doing chores together, time can be divided into thirty minute sets where each person gets a

W
abou
music
workouts
exciting, wh
classical and calm
soundtrack for your h

AT THE OFFICE

The rhythm of your office life varies throughout the day. Sometimes you need to get things done quickly, and other times you need to slow down and focus. In general, new music keeps your brain active and your energy up. When you need to concentrate, try familiar songs that aren't too complex and have few or no lyrics.

TURN ON YOUR MUSIC. EVERY ROOM IN A HOME AND EVERY TIME OF DAY HAS A PURPOSE.

DINNER AND DANCING

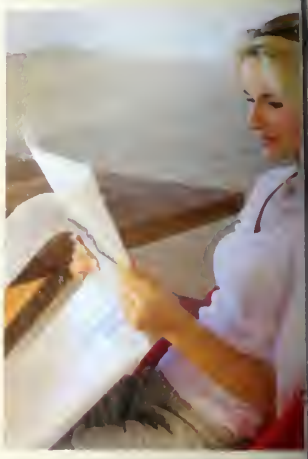
Every dinner party has a rhythm and your music should underscore it. Will your music be loud and fast, or soft and mellow? Or will it be both? Perhaps some classical music during dinner, followed by jazz music for dancing. You're in charge of the sounds that create the mood.



The rhythm of your day is as unique as your DNA. Shouldn't your music be too? Your
e has a soundtrack. Start using it to your
vantage – and enjoying it.

RELAX

Music can turn an otherw
hectic moment into some
more peaceful. Research
shows that when the musi



a supermarket slows down,
shoppers move through the
store more slowly and spen
more time looking at the
food in each aisle. Use this
knowledge to slow down yo
own activities and get the
most out of them. Try listeni
to relaxing music as you're
cooking dinner for your fam
and spending time with you
kids. You may be able to set
a slower pace – and find a
relaxing moment where you
didn't know there was one.

BOSE®

All the sound without all the wires.



The Bose® Wave® music system

Enjoy the acclaimed performance in so many ways. Listen to the Wave® music system in your living room, kitchen, bedroom, wherever you want better sound. Everything you need is built in: CD/MP3 CD player, FM/AM tuner, clock and alarm. You control them all with a convenient, credit card-style remote. Connect an additional audio source if you like, and hear lifelike sound from your TV or MP3 player. An optional **Multi-CD Changer** makes it easy to listen to your favorite music for hours. Dick DeBartolo, The Giz Wiz, says, "If you get a chance to hear one of these new systems, take it!"

Just plug it in and hear what you've been missing. With the Bose Wave® music system, there are no stacks of components. No tangle of wires. No dials to adjust. Advanced Bose technologies inside this small system work together to fill the room with the acclaimed performance that has made Bose the most respected name in sound. Stephen Williams of *Newsday* says, "the equipment disappears...And what's left is music that's much, much bigger than you'd expect." Clear, realistic sound that you may have only thought possible from a much larger, more complicated stereo. In fact, *Forbes FYI* reports that "you'll think you're listening to a...sound system that costs five times more."

A roomful of premium sound...not wires. You buy a sound system to listen to music. Not to spend hours setting up equipment and connecting wires. With the Wave® music system, you'll experience the pleasures of Bose quality sound moments after you open the box. Jonathan Takiff of the *Philadelphia Daily News* says this "extraordinary performer...couldn't be easier to operate." Plug it in, slip in a favorite CD, and that's it.



Shown with optional Multi-CD Changer in Graphite Gray.

Try it for 30 days, risk free. Use our Excitement Guarantee to experience the Wave® music system in your own home risk free for 30 days. When you call, ask about making **12 easy payments**, with no interest charges from Bose.* Order your Wave® music system with the Multi-CD Changer by December 31, 2007, and save $50. You'll soon discover how delightfully simple it is to enjoy Bose sound.

SAVE $50
when you order the Wave® music system with our Multi-CD Changer by December 31, 2007.

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"Oh, You *Shouldn't* Have!"

Men are bad at showing their appreciation of gifts—but the real reason will surprise you

The holiday season is a nightmare for me, because I know just how inadequately I will perform.

At some point I will be sitting next to a crackling fire, sipping an Irish coffee. My wife, Diane, will approach me hopefully, holding an exquisitely wrapped package. Family members will all watch intently as I take it, shake it gently and then place it on my lap before sliding off the bow and putting it around my neck. Then I'll tear off the paper, slowly open the box, look inside, turn to my wife and say...

"Oh."

I'll look at the gift for just a moment longer, and say something deeply touching, like "*um*, well, thanks" (with one of those two syllable "thanks" that sounds more like a question than a statement). And then I'll toss the box on the floor next to me and ask what time we're eating dinner.

Especially for Diane, in our family we not only celebrate Christmas, but my birthday falls in mid-January. So over the course of two weeks she is confronted repeatedly by this. [illegible] husband.

I suck at receiving gifts. I am a black hole of appreciation. My reaction to what I'm given is almost never what my wife wants or needs at that gift-giving moment. And I have never been able to figure out how to fake a proper show of gratitude (the male version of faking an orgasm).

I assume there may be some husbands out there who accept gifts graciously—the same four guys who volunteer to clean the bathroom. But every year as the holidays approach, I hear husbands and wives gripe about the pressures of spousal gift giving—but for different reasons. The husbands gripe because they know just how much the gift will mean to their wives and fear choking. The wives gripe that no matter how perfect the gift they choose, the experience of giving it to their man will be unrewarding, enervating, soul-sucking.

They want to know why this is. Frankly, so do I, especially when, weeks or months after I've tossed a gift aside, I come across it again in a pile of stuff and realize I really like it and was just unable to summon that emotion at the moment of gift truth. I then try to tell Diane how much I finally appreciate it. And she gives me the look you see mostly on wives, game show hosts and meter maids—the one that says CONTINUED



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Sanity makes a comeback.

"I could tell [my] time is up."

I overheard [illegible] some of my guy friends [illegible] the problem men have receiving gifts. Many [illegible] receiving extravagant gifts from their wives early in their marriages—which they opened and announced within seconds that they would be returning for something less expensive. They claimed to have done this, as one husband put it, "in a way that was sensitive to my wife—I hope." In some cases the wives then started punishing them with "practical" gifts—sweaters, socks, underwear, toenail clippers. When that didn't work, the wives just stopped giving gifts altogether, which some husbands said suited them just fine. "Men are too practical to enjoy getting gifts," one guy told me.

While I know how these guys reached this point, I'm not sure I believe they really want to be there. At some basic level it sends a bad message to give up trying to delight your spouse or discourage her from trying to delight you.

I actually think the male problem with receivership goes much deeper than gifts and offers a real opportunity to see just how weird and complex guys really are. For example, I suspect my inability to "give good appreciation" is actually a symptom of something much bigger—a general failure on the part of many men to feel or express emotion in real time. Wives often think that men are without feelings, but this isn't true. We are just unable to access them when you want us to. There's a reason that men love VCRs and DVRs. That's how many of us handle emotional situations—we TiVo our feelings so we can deal with them at a later time.

> Men TiVo their feelings so they can deal with them at a later time

LHJ.com

Hear Stephen Fried talk about [illegible] new book, *Husbandry*, a compilation of his Ladies Home Journal [illegible] Heart of a Husband columns at www.lhj.com/fried

As for returning expensive gifts, I suppose it's possible that the husbands did this to avoid letting their wives know why they couldn't afford them. But it's just as likely that the guy would prefer to buy those luxury items for himself. For example, I bought myself a really nice watch. If Diane had bought it for me, I probably wouldn't have enjoyed it as much—the same exact watch. It would be like stalking a fish for untold hours and having some one else catch it for you. All hunt, no gather.

Wives don't understand this, because they apparently love the idea of "subtly" leading their men to a gift they [illegible] consider it good husbandry if he remembers something [illegible] in a store and goes back and buys it. That's why [illegible] registries and no, *um*, groomal registries. If a guy [illegible] in a store, he's likely to just go back and [illegible] if he buys anything for himself between [illegible]. He risks the wrath of his wife, who had [illegible] one for already has it gift wrapped in the linen closet, where he'll never look).

When it comes to practical gifts, I think guys balk at them because sweaters, shirts, socks and underwear are what our grandmothers got us when we were little boys. Men like women to shop with them in clothing stores, to be enablers so we can buy anything from suits to socks. But if you give us the same stuff with a bow on it, don't expect a rise out of us. It's like gift wrapping the groceries.

The best gift for a guy is something you know he should want but he doesn't already know he wants. Diane once bought me a truly excellent, heavyweight turtleneck that I initially put aside because, y'know, it was clothes. When I found it months later I realized it was the greatest turtleneck ever. I'll wear it until it's threadbare.

While it may be too late for me and my friends, I have hope for future generations. Last year, when my nephew Eli turned 12, the whole family conspired to test his gift-receiving mettle. At his birthday party he tore open the first package with gusto: socks and underwear. He tore open the second: more socks and underwear. Then a third, a fourth, more socks, more underwear. Through it all he thanked everyone enthusiastically with the same kind of grin I would have tried to muster had Diane given me courtside seats to the Sixers.

After the last package was opened, and Eli was surrounded by a mountain of socks and underwear, we just sat there waiting to see how long he could hold out. Remarkably, he outlasted us, never once letting on that the presents were in any way a disappointment.

We finally gave him his real gifts—another Game Boy for him to "misplace" and the usual cartridges and iTunes cards. As he opened them with the same gracious excitement, I thought to myself, someday he's going to make a woman very happy.



You might feel sad or maybe you've lost interest in things u once enjoyed. You could have aches and pains or always el tired. Or maybe you're sleeping too much. Or not at all. any people wouldn't think these could all be symptoms depression. But they can be. Cymbalta is a prescription edication that treats many symptoms of depression.

There are many paths to take in the treatment of pression, including talk therapy, diet, and exercise. You d your doctor or healthcare provider can decide on the ght path. Remember, only your doctor can determine if mbalta or other treatments are right for you. You deserve ery chance to feel the way you want to feel.

Learn more by calling 877-CYMBALTA or visiting ww.cymbalta.com, where you can also find the personal ories of people who have been treated with Cymbalta. sults may vary.

Antidepressants can increase suicidal thoughts and haviors in children, teens, and young adults. Call your ctor right away if you have worsening depression mptoms, unusual changes in behavior or thoughts of icide. Be especially observant within the first few months treatment or after a change in dose. Approved only for lults 18 and over.

Cymbalta is not for everyone. Do not take Cymbalta if you have recently taken a type of antidepressant called an MAOI or Mellaril® (thioridazine) or have uncontrolled glaucoma. Talk to your doctor about all your medicines, including those for migraine, to avoid a potentially life-threatening condition. Tell your doctor about your alcohol consumption, if you have liver disease, and about all your medical conditions. Dizziness or fainting may occur upon standing. The most common side effects include nausea, dry mouth and constipation. This is not a complete list of side effects.

Please see the back of this page for additional important safety information.

If you need assistance with prescription costs, help may be available. Visit www.pparx.org or call 1-888-4PPA-NOW.

Cymbalta® DELAYED RELEASE CAPSULES
duloxetine HCl

because depression hurts

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Information For Patients About
CYMBALTA® (duloxetine hydrochloride) Delayed-Release Capsules

Please read this information carefully before you start taking Cymbalta and each time your prescription is refilled in case anything has changed or new information has become available. This information is not meant to take the place of discussions with your healthcare provider. Talk with your healthcare provider if there is something you do not understand or if you want to learn more about Cymbalta. Always follow your healthcare provider's instructions for taking Cymbalta.

Warning: In clinical studies, antidepressants increased the risk of suicidal thinking and behavior in children, adolescents, and young adults with depression and other psychiatric disorders. Anyone considering the use of Cymbalta or any other antidepressant must balance this risk with the clinical need. Short-term studies did not show an increase in the risk of suicidal thinking or behavior with antidepressants in adults older than 24; there was a reduction in risk with antidepressants in adults 65 and older. Suicide is a known risk of depression and some other psychiatric disorders. All patients starting antidepressant therapy should be monitored appropriately and observed closely. Families and caregivers should discuss with the healthcare provider right away any observations of worsening depression symptoms, suicidal thinking and behavior, or unusual changes in behavior. Cymbalta is not approved for use in patients under age 18.

What is Cymbalta?

Cymbalta is a prescription medicine that is approved to treat multiple conditions. Cymbalta is approved for the treatment of major depressive disorder (MDD) also called depression, generalized anxiety disorder (GAD), and for the management of diabetic peripheral neuropathic pain (DPNP) also called diabetic nerve pain.

What is depression?

Depression is a serious medical condition with a variety of symptoms. Symptoms may include sadness, loss of interest in things you once enjoyed, feelings of guilt or worthlessness, restlessness, trouble concentrating or making decisions, fatigue, vague aches and pains, headaches, and changes in weight or sleep patterns. For some, depression can include thoughts of death or suicide. These could be depression symptoms if they go on for two weeks or more and interfere with your daily activities.

How does Cymbalta work?

Although the way Cymbalta works in people is not fully known, it is believed to increase the activity of 2 chemicals in the brain, called [illegible] in the brain, to affect mood. This [illegible] thought to be associated with [illegible] body.

In clinical studies, Cymbalta began [illegible] symptoms as early as [illegible] Cymbalta. As with any [illegible] from person to person.

Who should NOT take Cymbalta?

You should not take Cymbalta if:

- You are allergic to duloxetine hydrochloride or the other ingredients in Cymbalta.
- You are taking a type of antidepressant known as a monoamine oxidase inhibitor (MAOI), such as Nardil® (phenelzine sulfate), Parnate® (tranylcypromine sulfate) or Emsam® (selegiline transdermal system). Using an MAOI with many prescription medicines, including Cymbalta, can cause serious or even life-threatening reactions. You must wait at least 14 days after you have stopped taking an MAOI before you take Cymbalta. You need to wait at least 5 days after you stop taking Cymbalta before you take an MAOI.
- You have uncontrolled narrow-angle glaucoma (an eye disease).
- You are taking an antipsychotic medicine known as Mellaril® (thioridazine).

What should I talk to my healthcare provider about?

Patients on antidepressants and their families or caregivers should watch for new or worsening depression symptoms, unusual changes in behavior and thoughts of suicide, as well as for anxiety, agitation, panic attacks, difficulty sleeping, irritability, hostility, aggressiveness, impulsivity, restlessness, or extreme hyperactivity. Call your healthcare provider right away if you have thoughts of suicide or if any of these symptoms are severe or occur suddenly. Be especially observant within the first few months of treatment or whenever there is a change in dose.

Tell your healthcare provider:

- About any medical conditions you may have, including liver or kidney problems or glaucoma.
- If you are pregnant, plan to become pregnant or are nursing.
- About your alcohol consumption.
- If you are taking or plan to take any prescription or nonprescription medicines, as Cymbalta may interact with some of these products.
- If you take medications known as triptans, commonly prescribed for migraines. A potentially life-threatening condition may occur when triptans are used with Cymbalta.

In clinical studies, some people taking Cymbalta experienced an increase in blood pressure. Your healthcare provider may periodically check your blood pressure.

Dizziness or fainting may occur upon standing, due to a sudden drop in blood pressure. This may happen especially when first starting Cymbalta, when increasing the dose, or when used in combination with certain other drugs.

How should I take Cymbalta?

- Take Cymbalta exactly as directed by your healthcare provider.
- Cymbalta should be taken by mouth. Do not open, break or chew the capsule; it must be swallowed whole.
- Cymbalta can be taken with or without food.
- If you miss a dose, take it as soon as you remember. However, if it is time for your next dose, skip the missed dose and take only your regularly scheduled dose. Do not take more than the daily amount of Cymbalta that has been prescribed for you.
- Remember to refill your prescription before you run out of Cymbalta.
- Talk with your healthcare provider before stopping Cymbalta or changing your dose.

What are the possible side effects of Cymbalta?

Like all medicines, Cymbalta can cause side effects.

- In clinical studies of depression, the most common side effect was nausea. For most people who had it, the nausea was mild to moderate and usually went away within 1–2 weeks.
- Other common side effects included dry mouth, constipation, fatigue, decreased appetite, sleepiness, and increased sweating. This is not a complete list of side effects. For full patient information, visit www.cymbalta.com. Talk to your healthcare provider if you have questions or develop any side effects.

What should I do if I think I have taken an overdose of Cymbalta?

If you have taken more Cymbalta than has been prescribed for you, contact your healthcare provider, a hospital emergency department, or the nearest poison control center immediately.

What happens when I stop taking Cymbalta?

Like other antidepressants, Cymbalta should not be stopped suddenly. Stopping Cymbalta suddenly may result in symptoms including dizziness, nausea, or headache. Talk with your healthcare provider before stopping Cymbalta as he or she may wish to decrease the dose slowly to help you avoid these kinds of symptoms.

Can children take Cymbalta?

Cymbalta has not been studied in children under 18 and is not approved for this age group. See Boxed Warning above.

General advice about Cymbalta

- Store Cymbalta at room temperature and out of the reach of children.
- Until you know how Cymbalta affects you, be careful when driving a car, or operating hazardous machinery.
- Medicines are sometimes prescribed for purposes other than the ones listed. This medication has been prescribed for your particular condition. Do not use it for another condition or give this drug to anyone else.
- If you have any questions or concerns, want to report any problems with the use of Cymbalta, or want more information, contact your healthcare provider or pharmacist.

Additional information can be found at www.cymbalta.com.

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Jewels the golden retriever risked her own life to save the two little girls she loved

A Gem of a Dog

Misty Elsworth vividly recalls a dream she had six years ago. At the time she was 24 and divorced with a son, Dalton, then 2. In her nighttime reverie, though, Misty also had a daughter and a golden retriever named Jewels. She was married to the man she was then dating, Skip Elsworth, a 34-year-old firefighter. Finally, in the dream, she and Skip had built a house in Long Beach, Mississippi, their hometown and a small coastal city about 70 miles northeast of New Orleans.

Over a [illegible] years, each of the elements of the dream [illegible] married in 2002 and had a daughter, [illegible] started building a home for their family [illegible] missing from the picture.

[illegible] client at the dental office where Misty worked as an assistant told her of a litter of golden retriever pups for sale. Misty snapped one up and, recalling her dream, named her Jewels.

From the beginning the couple considered Jewels not only a pet but also a member of the family. "She gets presents at Christmastime," says Misty. "Something bad happening to her is like something happening to my kids. I couldn't ask for a better dog."

Whenever Skip went on duty, he felt comforted knowing that the dog was with his wife and children. "Having Jewels there meant one less worry while I was gone," he says.

Then came the night of August 29, 2005, when Hurricane Katrina uprooted trees and turned houses into driftwood in Long Beach. Misty and Skip, like many of their neighbors, did not evacuate but CONTINUED



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For the Elsworth and Jenkins children, Jewels is a cherished family member

instead fortified their house, determined to ride out the storm. While the wind howled, they played games to distract the children. Jewels, normally easygoing, spun in circles as she sensed the danger. "I was terrified," admits Misty.

The next morning revealed that though much of the town was devastated, the Elsworths' house, which is a mile from the beach, was barely damaged. Skip picked up a chain saw and began to cut his way through fallen trees to clear the main road so he could join the recovery crews.

A month after Katrina, Skip was still on disaster duty, and the Elsworths had taken in a firefighter colleague of Skip's, Ryan Jenkins, his wife, Rhonda, and their two children, Jett, 8, and Madison, 6. The Jenkins family, who had lost everything in the storm, parked their FEMA trailer on the Elsworths' lot.

One sweltering evening Misty and Rhonda began clearing the many fallen branches that littered the property as a result of the storm. Little ones Ashlyn and Madison helped their mothers while Dalton and Jett played cops and robbers. Jewels tossed around her own stick. Suddenly Jewels bolted across the yard, knocking the girls away from a small shrub. "She ran into them at full speed," says Misty, who was shocked that the dog was misbehaving.

After slamming into the kids, Jewels dove headlong into the shrub. "She got out of the plant and took off, shaking her head," Misty recalls. The little girls were crying, Jewels was running in circles, and Misty was chastising her.

Then the dog dropped what Misty thought at first glance was a stick. Misty looked again: There, in upright striking position, was a baby copperhead, about 14 inches long, with its distinctive banded, camouflage-like markings. As Rhonda tried to move the children away without startling the poisonous snake, Misty yelled for Skip's uncle Paul Malley, who raced over from the adjoining property where he lived.

"He got a shovel and killed the snake," reports Ashlyn, breathlessly recounting the experience. "Jewels saved me and Madi."

Adds Dalton: "Jewels is cool."

However, Jewels was anything but cool. She [illegible] lips and neck were beginning to swell. [illegible] and loaded her up for a trip to [illegible] a 30-minute drive away. "I got [illegible] who describes speeding along roads [illegible]'s. When she arrived, she wept as she kissed Jewels and turned her over to the veterinarians.

The prognosis was not good, Misty recalls. Jewels's heart rate was dropping. She was quickly given antivenom serum and put on an antihistamine intravenous drip. Misty remembers the vet saying, "We'll call you if anything happens. Plan on picking her up in the morning unless you hear from us."

Skip, who would be getting off work in the morning, promised to fetch Jewels. Misty was awake the entire night, thinking, "Please, phone, don't ring."

It didn't, and the next morning at around 8, Skip pulled into the driveway. "It was like a movie," says Misty. "I said, 'Dad's home!' The kids ran outside, and there comes Jewels flying out of the truck." The dog's legs were bandaged because of the IVs, but she jumped up at the children, licked them, then ran laps around the yard before flopping down in the house to rest.

After a month on antibiotics, Jewels was back to normal and more protective of the children than ever. When the kids play in the yard, Misty and Skip watch, amused and relieved, as Jewels prowls around the plants. They're sure she's checking for snakes.

Jewels recently added to her laurels when she became the first four-legged winner of the South Mississippi Hero Award, given out by the local ABC affiliate, WLOX-TV. Misty wells up whenever she replays a video of the newscast. "When people see her, they say, 'That's Misty's dog.' Jewels and I have the bond I dreamed about."



but I worried about joint damage down the road.

efore rheumatoid arthritis (RA), I was living an active life—I had a fulfilling career, I worked out and had a busy social life.

hen one day I woke up and it was like my hands were on fire. Next the pain moved into my feet. I had hard time getting out of bed and couldn't even muster up the strength to call my family for help.

oon I was diagnosed with RA. My rheumatologist started me on pain managers and then methotrexate. had always been involved in my own healthcare, so I started doing research. One of the first things learned was that RA can damage joints—even in the first years after the disease starts.

t my next appointment, I asked my rheumatologist if I was at risk, and if there was more we should be oing. He said that my disease was active, and that it did put me at risk for further joint damage.

hen he said it was time to "change the course" with REMICADE® (infliximab).

Diana has been living with RA since 2001.

lease read the Important Safety Information contained within this ad.

Now REMICADE has helped stop further joint damage—and I feel good about my futu



My rheumatologist told me about treatment options. After I watched the REMICADE video, we talked about all of the important treatment considerations. Then we agreed that REMICADE was right for me.

I had my first REMICADE IV infusion the next week, right in my rheumatologist's office. The nurse calculated the exact amount of REMICADE that was right for me. Then I sat in a comfortable chair for 2 hours and relaxed while I had my infusion. I felt really good about having my rheumatologist and his staff right there to make sure everything was going all right.

And then it happened—faster than I would have thought possible. About 2 weeks after my infusion, I felt so much better—compared to the pain and stiffness that I'd been living with. It's a little weird; I almost forget how bad the pain was.

I had my next infusion 2 weeks after the first one, and the next one 4 weeks later. Now I have an infusion every 8 weeks—that's as few as 6 times a year. I just make an appointment, have my infusion and get back to my life. REMICADE fits into my life without any problem.

Since I've been on REMICADE, my rheumatologist has done new X-rays and there is more good news—I have no new joint damage! REMICADE gave me two kinds of relief; relief from the pain and stiffness and the relief of knowing that REMICADE can help stop further joint damage.



A note from Dr Schwartzman:

Only your rheumatologist can tell you for sure if RA is still damaging your joints and if REMICADE is right to help stop further joint damage for you. If you have moderate to severe RA, REMICADE with methotrexate not only can relieve pain and stiffness; in a clinical study it changed the course of rheumatoid arthritis by helping to stop further joint damage in more people after one year compared to those using only methotrexate. For some patients without joint damage, REMICADE may help stop damage before it starts. Diana is representative of patients responding to treatment with REMICADE under a rheumatologist's supervision. As always, individual results may vary. REMICADE has been evaluated in clinical trials conducted since 1992 and has been used to treat more than 924,000 people worldwide across several approved indications.

Dr Sergio Schwartzman is a rheumatologist. He's also an Associate Professor of Clinical Medicine at the New York Hospital and the Hospital for Special Surgery as well as Assistant Professor of Medicine at the Weill Medical College of Cornell University in New York City.

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ortant Safety Information



Diana: I wanted to be sure I had all the facts, so before I started on REMICADE, I asked a lot of questions about treatment and discussed the following with my rheumatologist.

Dr Schwartzman: There are reports of serious infections, ding tuberculosis (TB), sepsis, and pneumonia. Some ese infections have been fatal. Tell your doctor if you had recent or past exposure to people with TB. Your or will evaluate you for TB and perform a TB test. have latent (inactive) TB, your doctor should begin eatment before you start REMICADE. REMICADE can r your ability to fight infections, so if you are prone have a history of infections, or develop any signs of fection such as fever, fatigue, cough, flu or warm, r painful skin while taking REMICADE, tell your doctor away. Also, tell your doctor if you are scheduled to ve a vaccine or if, you have lived in a region where plasmosis or coccidioidomycosis is common.

rts of a type of blood cancer called lymphoma in nts on REMICADE or other TNF blockers are rare but more often than expected for people in general. le who have been treated for rheumatoid arthritis, n's disease, ankylosing spondylitis, psoriatic arthritis, aque psoriasis for a long time, particularly those highly active disease may be more prone to develop homa. Cancers, other than lymphoma, have also reported. Children and young adults who have treated for Crohn's disease with REMICADE have loped a rare type of lymphoma that often results in n. These patients also were receiving drugs known as ioprine or 6-mercaptopurine. If you take REMICADE her TNF blockers, your risk for developing lymphoma her cancers may increase. You should also tell your or if you have had or develop lymphoma or other ers or if you have a lung disease called chronic uctive pulmonary disease (COPD).

people with heart failure should not take CADE; so prior to treatment you should discuss any t condition with your doctor. Tell your doctor right if you develop new or worsening symptoms of t failure (such as shortness of breath, swelling of ankles or feet, or sudden weight gain).

a: Does REMICADE have any other side effects?

hwartzman: Reactivation of hepatitis B virus has been reported in patients who are carriers of this virus and are taking TNF blockers, such as REMICADE. Some of these cases have been fatal. Tell your doctor if you know or think you may be a carrier of hepatitis B virus or if you experience signs of hepatitis B infection, such as feeling unwell, poor appetite, tiredness, fever, skin rash, and/or joint pain.

There have been rare cases of serious liver injury in people taking REMICADE, some fatal. Tell your doctor if you have liver problems and contact your doctor immediately if you develop symptoms such as jaundice (yellow skin and eyes), dark brown urine, right-sided abdominal pain, fever, or severe fatigue.

Blood disorders have been reported, some fatal. Tell your doctor if you develop possible signs of blood disorders such as persistent fever, bruising, bleeding, or paleness while taking REMICADE. Nervous system disorders have also been reported. Tell your doctor if you have or have had a disease that affects the nervous system, or if you experience any numbness, weakness, tingling, visual disturbances, or seizures while taking REMICADE.

Diana: Have there been any problems during the IV infusion?

Dr Schwartzman: Allergic reactions, some severe, have been reported during or after infusions with REMICADE. Signs of an allergic reaction include hives, difficulty breathing, chest pain, high or low blood pressure, swelling of face and hands, and fever or chills. Tell your doctor if you have experienced a severe allergic reaction.

Diana: What are the most common side effects?

Dr Schwartzman: The most common side effects of REMICADE are: respiratory infections (such as sinus infections and sore throat), headache, rash, coughing, and stomach pain.

Please read the Medication Guide for REMICADE on the following pages and discuss it with your rheumatologist.



Now I feel like nothing can stop me. I'm active again—I work out, I ride my bike, I get together with my friends and family. I even do 5K walks to raise funds to help other people with RA. I don't feel like I'm missing out on much because of my RA—thanks to my rheumatologist and REMICADE.

eceive a free DVD with information that help you talk to your rheumatologist— 1-888-354-3330 or visit RAStraightTalk.com

Remicade
INFLIXIMAB

MEDICATION GUIDE

REMICADE® (Rem-eh-kaid) (infliximab)

Rx Only

Read the Medication Guide that comes with REMICADE before you receive the first treatment, and before each time you get a treatment of REMICADE. This Medication Guide does not take the place of talking with your doctor about your medical condition or treatment.

What is the most important information I should know about REMICADE?

REMICADE is a medicine that affects your immune system. It can cause serious side effects including:

Serious Infections

- Patients treated with REMICADE and other medicines that block TNF have an increased risk for infections. Some patients have had serious infections while receiving REMICADE. In some cases, the infections got worse (progressed) and became serious enough that patients needed to be in the hospital for treatment. These serious infections include TB (tuberculosis), and infections caused by viruses, fungi or bacteria that have spread throughout the body. Some patients have died from these infections.
- Tell your doctor right away if you have any of the following symptoms, which may be early signs of a serious infection, while taking or after taking REMICADE
  - a fever
  - feel very tired
  - have a cough
  - have flu-like symptoms
  - warm, red, or painful skin

These may be early signs of a serious infection.

Cancer

- Some children and young adults with Crohn's disease who have received REMICADE have developed a rare type of cancer called Hepatosplenic T-cell Lymphoma. This type of cancer often results in death. These patients were also receiving drugs known as azathioprine or 6-mercaptopurine.
- Tell your doctor if you have ever had any type of cancer.

See also, "What are the **possible side effects of REMICADE?**" below.

What is REMICADE?

REMICADE is a prescription medicine that is approved for patients with

- Rheumatoid Arthritis with moderately to severely active rheumatoid [illegible] with the medicine methotrexate
- Crohn's [illegible] age of 6 and adults with Crohn's [illegible] responded well enough to other medicines
- Ankylosing Spondylitis
- Psoriatic Arthritis
- Plaque Psoriasis—[illegible] that is chronic (doesn't go away) [illegible] disabling
- Ulcerative Colitis—[illegible] active ulcerative colitis who have had [illegible] to other medicines

REMICADE blocks the action of a protein in your body called tumor necrosis factor-alpha (TNF-alpha). TNF-alpha is made by your body's immune system. People with certain diseases have too much TNF-alpha that can cause the immune system to attack normal healthy parts of the body. REMICADE can block the damage caused by too much TNF-alpha.

Who should not receive REMICADE?

You should not receive REMICADE if you have

- heart failure, unless your doctor has examined you and decided that you are able to take REMICADE. Talk to your doctor about your heart failure.
- had an allergic reaction to REMICADE, or any of the other ingredients in REMICADE. See the end of this Medication Guide for a complete list of ingredients in REMICADE.

What should I tell my doctor before starting treatment with REMICADE?

Your doctor will assess your health before each treatment.

Tell your doctor about all of your medical conditions, including if you

- have any kind of infection even if it is very minor (such as an open cut or sore). REMICADE affects the body's immune system and makes you less able to fight infections.
- have an infection that won't go away or a history of infection that keeps coming back.
- have had TB (tuberculosis), or if you have recently been near anyone who might have TB. If you have been near someone with TB and have the TB germ in your body, even if you don't have symptoms of an infection, you can get a serious TB infection while taking REMICADE. Sometimes these serious TB infections can cause death.
- were born in, lived in or traveled to countries where there is more risk for getting TB. Ask your doctor if you are not sure.
- live or have lived in certain parts of the country where there is more risk for certain kinds of fungal infections (histoplasmosis or coccidioidomycosis). These infections may develop or become more severe if you take REMICADE. If you don't know if you have lived in an area where histoplasmosis or coccidioidomycosis is common, ask your doctor.
- have or had hepatitis B. If you are a chronic carrier of the virus that causes hepatitis B, taking REMICADE could cause the hepatitis B virus to become an active infection again.
- have other liver problems including liver failure.
- have heart failure or other heart conditions. If you have heart failure, it may get worse while you take REMICADE.
- have or have had any type of cancer.
- have had phototherapy (treatment with ultraviolet light or sunlight along with a medicine to make your skin sensitive to light) for psoriasis. You may have a higher chance of getting skin cancer while receiving REMICADE.
- have COPD (Chronic Obstructive Pulmonary Disease), a specific type of lung disease. Patients with COPD may have an increased risk of getting cancer while taking REMICADE.
- have or have had a condition that affects your nervous system such as
  - multiple sclerosis, or Guillain-Barré syndrome, or
  - if you experience any numbness or tingling, or
  - if you have had a seizure.

ıave recently received or are scheduled to receive a vaccine. **Adults and children should not receive a live vaccine while taking REMICADE.** Children with Crohn's disease should have all of their vaccines brought up to date before starting treatment with REMICADE.

ıre pregnant or planning to become pregnant. It is not known if REMICADE harms your unborn baby. REMICADE should be given to a pregnant woman only if clearly needed. Talk to your doctor about stopping REMICADE if you are pregnant or planning to become pregnant.

ıre breast-feeding or planning to breast-feed. It is not known whether REMICADE passes into your breast milk. Talk to your doctor about the best way to feed your baby while taking REMICADE. You should not breast-feed while taking REMICADE.

w should I receive REMICADE?

You will be given REMICADE through a needle placed in a vein (IV or intravenous infusion) in your arm.

Your doctor may decide to give you medicine before starting the REMICADE infusion to prevent or lessen side effects.

Only a healthcare professional should prepare the medicine and administer it to you.

REMICADE will be given to you over a period of about hours.

If you have side effects from REMICADE, the infusion may need to be adjusted or stopped. In addition, your healthcare professional may decide to treat your symptoms.

A healthcare professional will monitor you during the REMICADE infusion and for a period of time afterward for side effects. Your doctor may do certain tests while you are taking REMICADE to monitor you for side effects and to see how well you respond to the treatment.

Your doctor will determine the right dose of REMICADE for you and how often you should receive it. Make sure to discuss with your doctor when you will receive infusions and to come in for all your infusions and follow-up appointments.

ıat should I avoid while receiving REMICADE?

not take REMICADE and the medication KINERET (Anakinra) ether.

l your doctor about all the medicines you take, luding prescription and non-prescription medicines, vitamins, d herbal supplements.

ow the medicines you take. Keep a list of your medicines d show them to your doctor and pharmacist when you get ew medicine.

ıat are the possible side effects of REMICADE?

ious and sometimes fatal side effects have been reported in ients taking REMICADE (see also **"What is the most portant information I should know about REMICADE?"**). ese include:

ious Infections

ome patients have had serious infections while receiving EMICADE. These serious infections include tuberculosis (TB) nd infections caused by viruses, fungi, or bacteria that have

infections. If you get an infection while receiving treatment with REMICADE your doctor will treat your infection and may need to stop your REMICADE treatment.

- Tell your doctor right away if you have any of the following signs of an infection while taking or after taking REMICADE
  - a fever
  - feel very tired
  - have a cough
  - have flu-like symptoms
  - warm, red, or painful skin
- Your doctor will examine you for TB and perform a test to see if you have TB. If your doctor feels that you are at risk for TB, you may be treated with medicine for TB before you begin treatment with REMICADE and during treatment with REMICADE.
- Even if your TB test is negative your doctor should carefully monitor you for TB infections while you are taking REMICADE. Patients who had a **negative** TB skin test before receiving REMICADE have developed active TB.
- If you are a chronic carrier of the hepatitis B virus, the virus can become active while you are being treated with REMICADE. In some cases patients have died as a result of hepatitis B virus being reactivated. Your doctor may do a blood test before you start treatment with REMICADE and occasionally while you are being treated. Tell your doctor if you have any of the following symptoms
  - feel unwell
  - poor appetite
  - tiredness (fatigue)
  - fever, skin rash and/or joint pain

Cancer

- In clinical studies, more cancers were seen in patients who took REMICADE and other medicines that block TNF than patients who did not receive these treatments.
- Some children and young adults with Crohn's disease who have received REMICADE have developed a rare type of cancer called Hepatosplenic T-cell Lymphoma. This type of cancer often results in death. These patients were also receiving drugs known as azathioprine or 6-mercaptopurine.
- People who have been treated for rheumatoid arthritis, Crohn's disease, ankylosing spondylitis, psoriatic arthritis and plaque psoriasis for a long time may be more likely to develop lymphoma. This is especially true for people with very active disease.
- Patients with COPD (a specific type of lung disease) may have an increased risk for getting cancer while being treated with REMICADE
- If you take REMICADE, your chances of getting lymphoma or other cancers may increase.

Heart Failure

If you have a heart problem called congestive heart failure, your doctor should check you closely while you are taking REMICADE. Your congestive heart failure may get worse while you are taking REMICADE. Be sure to tell your doctor of any new or worse symptoms including

- shortness of breath
- swelling of ankles or feet
- sudden weight gain

treatment with REMICADE may need to be stopped if you get new or worse congestive heart failure

Liver Injury

In rare cases, some patients who have developed serious liver problems. Tell your doctor if you have

- jaundice (skin and eyes turning yellow)
- dark brown colored urine
- pain on the right side of your stomach area (right-sided abdominal pain)
- [illegible]
- extreme tiredness (severe fatigue)

Blood Problems

In some patients taking REMICADE, the body may not make enough of the blood cells that help fight infections or help stop bleeding. Tell your doctor if you

- have a fever that does not go away
- bruise or bleed very easily
- look very pale

Nervous System Disorders

In rare cases, patients taking REMICADE have developed problems with their nervous system. Tell your doctor if you have

- changes in your vision
- weakness in your arms and/or legs
- numbness or tingling in any part of your body
- seizures

Allergic Reactions

Some patients have had allergic reactions to REMICADE. Some of these reactions were severe. These reactions can happen while you are getting your REMICADE treatment or shortly afterwards. Your doctor may need to stop or pause your treatment with REMICADE and may give you medicines to treat the allergic reaction. Signs of an allergic reaction can include

- hives (red, raised, itchy patches of skin)
- difficulty breathing
- chest pain
- high or low blood pressure
- fever
- chills

Some patients treated with REMICADE have had delayed allergic reactions. The delayed reactions occurred 3 to 12 days after receiving treatment with REMICADE. Tell your doctor right away if you have any of these signs of delayed allergic reaction to REMICADE

- fever
- [illegible]
- [illegible]
- [illegible]
- [illegible]
- difficulty [illegible]

Lupus-like Syndrome

Some patients have developed [illegible] like the symptoms of Lupus [illegible]

following symptoms your doctor may decide to stop your treatment with REMICADE

- chest discomfort or pain that does not go away
- shortness of breath
- joint pain
- rash on the cheeks or arms that gets worse in the sun

The most common side effects of REMICADE are

- respiratory infections, such as sinus infections and sore throat
- headache
- rash
- coughing
- stomach pain

Children who took REMICADE in studies for Crohn's disease showed some differences in side effects compared with adults who took REMICADE for Crohn's disease. The side effects that happened more in children were: anemia (low red blood cells), blood in stool, leukopenia (low white blood cells), flushing (redness or blushing), viral infections, neutropenia (low neutrophils, the white blood cells that fight infection), bone fracture, bacterial infection and allergic reactions of the breathing tract.

Tell your doctor about any side effect that bothers you or does not go away.

These are not all of the side effects with REMICADE. Ask your doctor or pharmacist for more information.

General information about REMICADE

Medicines are sometimes prescribed for purposes that are not mentioned in Medication Guides or patient information sheets. Do not use REMICADE for a condition for which it was not prescribed.

This information sheet summarizes the most important information about REMICADE. You can ask your doctor or pharmacist for information about REMICADE that is written for health professionals.

For more information go to www.remicade.com or call 1-800-457-6399.

What are the ingredients in REMICADE?

The active ingredient is Infliximab.

The inactive ingredients in REMICADE include: sucrose, polysorbate 80, monobasic sodium phosphate, monohydrate, and dibasic sodium phosphate, dihydrate. No preservatives are present.

Product developed and manufactured by:
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Revised April 2007

This Medication Guide has been approved by the U.S. Food and Drug Administration.

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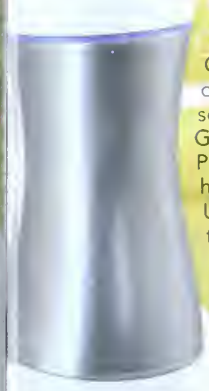
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The Charms of Christmas

Silver and gold touches give a modern glow to beloved traditions

One of the delights of the Christmas season is the memories it conjures up of childhood cheer: joyful sounds, jolly moods, wonderful scents and mesmerizing lights. Why not draw on Christmases past to make your present-day Christmas better than ever? We show you how to create an Old World holiday—updated with a few modern touches. Everything, from the tree to the wreaths to the garlands, is sure to create new Christmas memories your children and your children's children will treasure for years to come.



DELIGHTFUL DINING

In the dining room, update traditional holiday tabletop elements with a rich color palette. Instead of the usual cut evergreens in the center of the table, we arranged a colorful mix of coral-hued lilies and apricot roses in a glass serving bowl, glamorized with some metallic-painted pinecones. Traditional and always-elegant platinum-rimmed plates and etched wineglasses from Mikasa feel fresh set against the lively ruby-red damask place mats. Playful, oversize jewel-toned glass fruits keep the "tablescape" from getting too serious, and aromatic sprigs of cedar enliven the room's graceful chandelier.

CONTINUED



[illegible] WERE BEING

[illegible] were the principal source of indoor light, the [illegible] making the mirror on the mantel cast a golden [illegible] of using more-formal vessels, we dressed up [illegible] ribbon in trendy orange and filled them with [illegible] and white berries. The charming glittered star [illegible] of Christmas, hold the stockings. To evoke [illegible] we transformed simple velvet ones in deep rust by hot-gluing gold and multicolored [illegible] and star hooks, Seasons of Cannon Falls.

O CHRISTMAS TREE!

Instead of tying ribbons on the branches of the tree, we took a more-modern approach: attaching long cascading lengths of wide satin ribbon in bright shades of cranberry, green and orange from the treetop. We adorned it with a sparkly mix of handmade and store-bought ornaments, including glittered balls, silver sunbursts, delicate feathered birds, jeweled stars and miniature birdhouses. Last, we placed a jumbo silver star on top to play off the oversize sparkly snowflakes that hang in each window. Star and snowflakes, Seasons of Cannon Falls. All children's clothing, E-Land Kids.

CONTINUED





Where to Find It, page 194



THE FINER POINTS

Above left: This fresh take on the traditional card display uses miniature clothespins to attach favorite cards to silver-painted branches displayed in a glass vase filled with silver and gold pinecones. Gold ornamental birds perched on the branches whimsically play off the traditional holiday symbol of the dove of peace. **Above right:** These glittered Victorian birdhouse ornaments are easy to make from unfinished wooden forms. We covered the bottom, front and sides in handmade art papers (decorative wrapping paper would also work) by brushing the birdhouse with craft glue, then adhering pieces of paper slightly larger than each surface. Trim edges with an X-Acto knife and a steady hand, and use a dab of glue, if needed, to secure. All



A SWEET TREAT

This scrumptious chocolate bark will undoubtedly stake its claim as a family favorite.

Dark Chocolate–Peanut Bark With White Chocolate Drizzle

MAKES 2 LBS
Prep time: 10 min
Total time: 1 hr 10 min

- ¾ cup dry-roasted peanuts, coarsely chopped
- 1½ lbs semisweet chocolate, chopped, melted
- ½ lb white chocolate, chopped, melted
- Red sugar crystals

◆ Line a 17¼-by-11½-inch rimmed baking sheet with parchment paper, allowing ends to extend over sides.

◆ Spread out ½ cup nuts in baking sheet; pour semisweet chocolate over nuts. Tap sheet to level chocolate. Top with remaining ¼ cup nuts, drizzle with white chocolate and sprinkle with sugar.

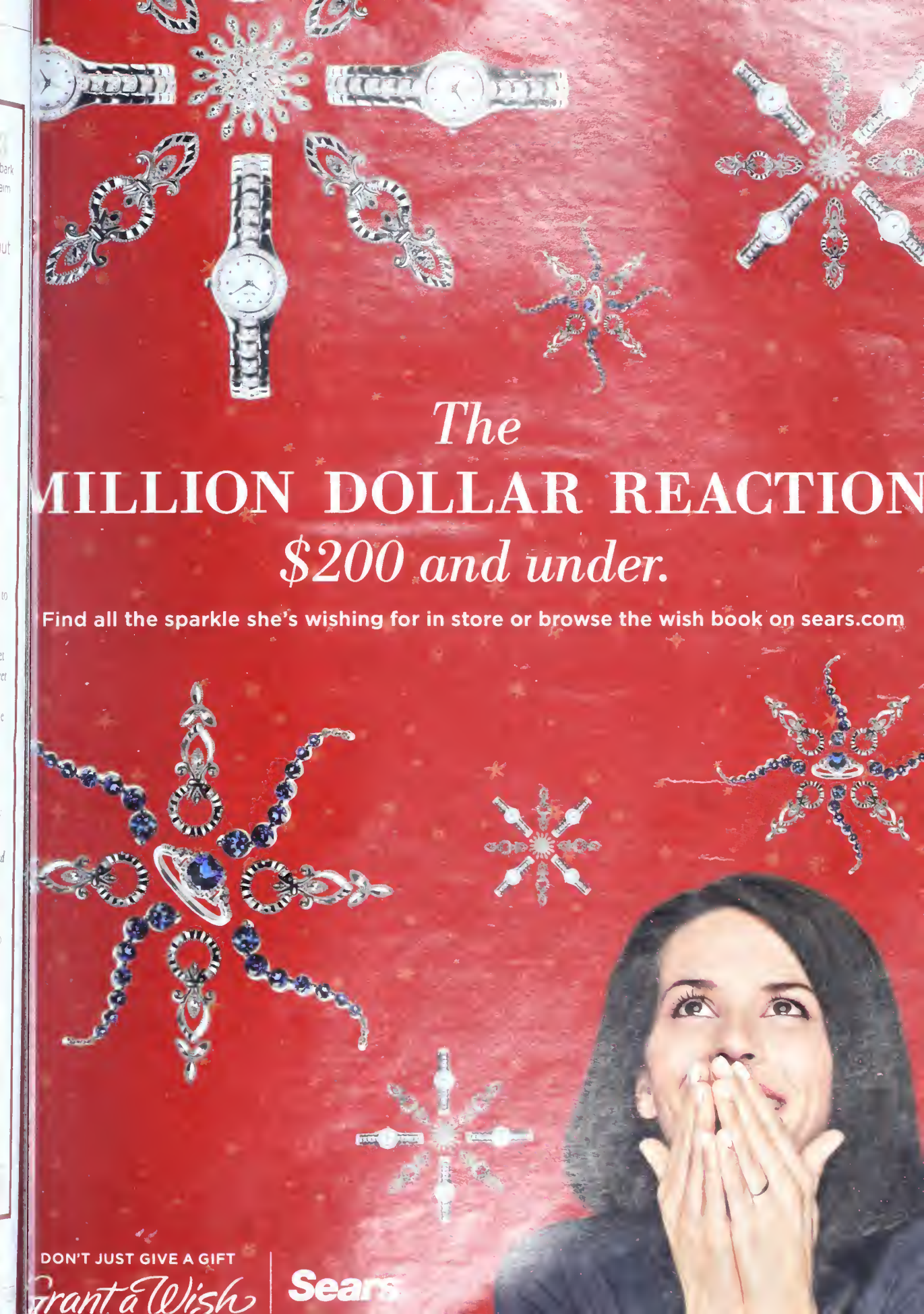
◆ Refrigerate until firm, 45 minutes to 1 hour. Holding ends of paper, lift bark out of pan and break into pieces.

◆ *For **Milk Chocolate–Almond Cranberry Bark:*** Follow instructions above, replacing peanuts with ¾ cup toasted almonds, chopped, and 1 cup dried cranberries. Spread ½ cup nuts and ¾ cup cranberries on baking sheet. Cover with 1¾ lbs melted milk chocolate (instead of semisweet). Top with remaining almonds and cranberries; refrigerate as directed, above.

(Can be made ahead. Store in an airtight container in a cool dry place up to three weeks.)

CONTINUED

it our slide show for festive holiday craft ideas at www.lhj.com/crafts


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DARLING DETAILS

Above left: The shimmery miniature-snowman village from Seasons of Cannon Falls lines the mantel in the dining room, conjuring up white Christmas fantasies.

Above: Garnet-hued linen napkins are tied with a satin bow and topped with a glittery bird ornament. Fabricate handmade place cards from squares of gold-stamped paper.

Left: Greet family and friends with a welcoming front door adorned with a mix of traditional greens spruced up with personal touches. A fresh lemon-leaf wreath is festooned with a collection of vintage red-and-gold-velvet-covered faux-berry bunches, while a hand-lettered banner bears holiday greetings. Cedar roping frames the doorway, and handsome iron urns hold evergreen plants brightened with bunches of silver-painted pinecones.


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What should I know about NSAIDs?

When it comes to arthritis pain, you may think some [illegible] NSAID pain relievers, like ibuprofen and naproxen, don't have any cardiovascular risks. But based on the available research, that's not clear. And if you look closer, the [illegible] prescription NSAID [illegible] Celebrex, to have the strongest cardiovascular warning about heart attack or stroke.

What about heart attack or stroke?

Any prescription NSAID, including Celebrex, may increase the chance of heart attack or stroke, which can lead to death. This chance increases if you have heart disease or risk factors for it, such as high blood pressure, or when NSAIDs are taken for long periods.

How do NSAIDs affect my stomach?

All prescription NSAIDs, including Celebrex, also increase the chance of stomach and intestine problems, such as bleeding and ulcers, which can occur without warning and may cause death. With any of these medicines, patients also taking aspirin and the elderly are at increased risk for stomach bleeding and ulcers.

What does this mean for Celebrex?

All prescription NSAIDs have some of the same warnings, and they all help treat arthritis pain. But since individual results may vary, having options is important. An NSAID, like Celebrex, may be one option.

You also may be surprised to learn, prescription Celebrex has never been taken off the market. Actually, based on the available data, the FDA [illegible] certain patients Celebrex's benefits [illegible] you and your doctor

What are the benefits?

Celebrex can be used with low-dose aspirin. C prescription NSAIDs aren't generally recomme with aspirin. What's more, just one 200-mg c provides 24-hour relief. And if you are conce about stomach upset, you should know, in clinical studies, a lower percentage of patient taking Celebrex reported stomach discomfort which includes indigestion, abdominal pai and nausea, versus prescription ibuprofen and naproxen.

What does it do for arthritis pain?

Celebrex relieves arthritis pain. It also relieve stiffness and inflammation associated with arthritis pain.

Any other precautions?

All NSAIDs, including Celebrex, should be use the lowest dose possible, for the shortest time, b on your individual treatment goals. Do not take Celebrex if you're pregnant or have had aller reactions to aspirin or sulfonamides. All NSA including Celebrex, increase the chance of ser skin reactions. And tell your doctor if you've h kidney or liver problems.

What next?

For many with arthritis pain, not treating is n an option. Talk to your doctor about Celebrex see what's right for you.

Visit celebrex.com or call 1-888-celebrex. But most importantly, your doctor can tell y about the risks and benefits of all NSAID pa relievers.

Please turn page to see important information about Celebrex and other NSAIDs.

Talk to your doctor to...Understand the risks. S

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CELEBREX
(celecoxib)

Medication Guide
for Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

(See the end of this Medication Guide for a list of prescription NSAID medicines.)

What is the most important information I should know about medicines called Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)?

NSAID medicines may increase the chance of a heart attack or stroke that can lead to death.

This [illegible]

- [illegible] NSAID [illegible]
- [illegible] who have heart disease

NSAID medicines should never be used right before or after a heart surgery called a "coronary artery bypass graft (CABG)."

NSAID medicines can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Ulcers and bleeding:

- can happen without warning symptoms
- may cause death

The chance of a person getting an ulcer or bleeding increases with:

- taking medicines called "corticosteroids" and "anticoagulants"
- longer use
- smoking
- drinking alcohol
- older age
- having poor health

NSAID medicines should only be used:

- exactly as prescribed
- at the lowest dose possible for your treatment
- for the shortest time needed

What are Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)?

NSAID medicines are used to treat pain and redness, swelling, and heat (inflammation) from medical conditions such as:

- different types of arthritis
- menstrual cramps and other types of short-term pain

Who should not take a Non-Steroidal Anti-Inflammatory Drug (NSAID)?

Do not take an NSAID medicine:

- if you had an asthma attack, hives, or other allergic reaction with aspirin or any other NSAID medicine
- for pain right before or after heart bypass surgery

Tell your healthcare provider:

- about all of your medical conditions.
- about all of the medicines you take. NSAIDs and some other medicines can interact with each other and cause serious side effects. **Keep a list of your medicines to show to your healthcare provider and pharmacist.**
- if you are pregnant. **NSAID medicines should not be used by pregnant women late in their pregnancy.**
- if you are breastfeeding. **Talk to your doctor.**

What are the possible side effects of Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)?

Serious side effects include:

- heart attack
- stroke
- high blood pressure
- heart failure from body swelling [illegible]
- [illegible] including kidney [illegible]
- [illegible]
- [illegible]
- life-threatening [illegible]
- liver problems
- asthma attacks in people who have asthma

Other side effects include:

- stomach pain
- constipation
- diarrhea
- gas
- heartburn
- nausea
- vomiting
- dizziness

Get emergency help right away if you have any of the following symptoms:

- shortness of breath or trouble breathing
- chest pain
- weakness in one part or side of your body
- slurred speech
- swelling of the face or throat

Stop your NSAID medicine and call your healthcare provider right away if you have any of the following symptoms:

- nausea
- more tired or weaker than usual
- itching
- your skin or eyes look yellow
- stomach pain
- flu-like symptoms
- vomit blood
- there is blood in your bowel movement or it is black and sticky like tar
- skin rash or blisters with fever
- unusual weight gain
- swelling of the arms and legs, hands and feet

These are not all the side effects with NSAID medicines. Talk to your healthcare provider or pharmacist for more information about NSAID medicines.

Other information about Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

- Aspirin is an NSAID medicine but it does not increase the chance of a heart attack. Aspirin can cause bleeding in the brain, stomach, and intestines. Aspirin can also cause ulcers in the stomach and intestines.
- Some of these NSAID medicines are sold in lower doses without a prescription (over-the-counter). Talk to your healthcare provider before using over-the-counter NSAIDs for more than 10 days.

NSAID medicines that need a prescription

Generic Name	Tradename
Celecoxib	Celebrex
Diclofenac	Cataflam, Voltaren, Arthrotec (combined with misoprostol)
Diflunisal	Dolobid
Etodolac	Lodine, Lodine XL
Fenoprofen	Nalfon, Nalfon 200
Flurbiprofen	Ansaid
Ibuprofen	Motrin, Tab-Profen, Vicoprofen* (combined with hydrocodone), Combunox (combined with oxycodone)
Indomethacin	Indocin, Indocin SR, Indo-Lemmon, Indomethagan
Ketoprofen	Oruvail
Ketorolac	Toradol
Mefenamic Acid	Ponstel
Meloxicam	Mobic
Nabumetone	Relafen
Naproxen	Naprosyn, Anaprox, Anaprox DS, EC-Naproxyn, Naprelan, Naprapac (copackaged with lansoprazole)
Oxaprozin	Daypro
Piroxicam	Feldene
Sulindac	Clinoril
Tolmetin	Tolectin, Tolectin DS, Tolectin 600

*Vicoprofen contains the same dose of ibuprofen as over-the-counter (OTC) NSAIDs, and is usually used for less than 10 days to treat pain. The OTC NSAID label warns that long term continuous use may increase the risk of heart attack or stroke.

This Medication Guide has been approved by the U.S. Food and Drug Administration.

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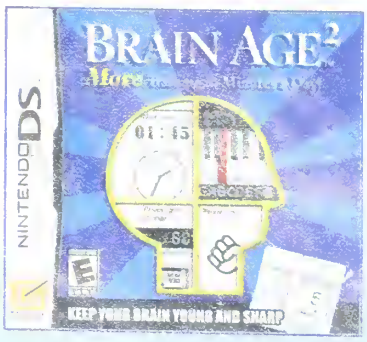
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Through some of the nominees listed above, the E.T. Meredit and Bohen families and family foundations own, directly or benefi cially, approximately 21% of the issued and outstanding stock of th corporation. Each nominee listed above holds stock for one or mo stockholders.

11. None.

Average number of copies of each issue during preceding 12 months:

(A)	Total number of copies printed (net press run)	4,492,46
(B)	Paid and/or requested circulation	
	1. Paid/requested outside-county mail subscriptions	3,496,65
	3. Sales through dealers and carriers, street vendors, counter sales, and other non-USPS Paid Distribution	314,10
(C)	Total paid and/or requested circulation	3,810,7
(D)	Free distribution by mail, carrier or other means: samples, complimentary and other free copies	168,1
(E)	Free distribution (outside the mail)	6,03
(F)	Total free distribution (sum of D & E)	174,16
(G)	Total distribution (sum of C & F)	3,984,9
(H)	Copies not distributed	507,5
(I)	Total (sum of G & N)	4,492,46
	Percent paid and/or requested circulation	95.63

Actual number of copies of single issue published nearest to filing date:

(A)	Total number of copies printed (net press run)	4,444,43
(B)	Paid and/or requested circulation	
	1. Paid/requested outside-county mail subscriptions	3,358,344
	3. Sales through dealers and carriers, street vendors, counter sales, and other non-USPS Paid Distribution	370,460
(C)	Total paid and/or requested circulation	3,728,804
(D)	Free distribution by mail, carrier or other means: samples, complimentary and other free copies	196,830
(E)	Free distribution (outside the mail)	5,800
(F)	Total free distribution (sum of D & E)	202,630
(G)	Total distribution (sum of C & F)	3,931,434
(N)	Copies not distributed	513,000
(I)	Total (sum of G and H)	4,444,434
	Percent paid and/or requested circulation	94.85%

Statement of Ownership will be printed in the December 2007 issue of this publication.

I certify that the statements made by me above are correct and complete. Julie Pinkwater, Publisher

10 Years of Restoring Freedom

InterStim® Therapy Offers Long-Term Relief from Incontinence and Overactive Bladder

Urinary incontinence and overactive bladder are common conditions affecting illions of adults in the U.S. and may ıpact many aspects of quality of life cluding physical, social and sexual tivities. The stigma of incontinence has evented many women from discussing is issue with family and friends as well with their physicians.

ptions for treatment include ofeedback, bladder re-training ıd medications to help control ıwanted bladder symptoms. Almost alf of all women fail to respond to ese treatments. Now with the FDA-pproved InterStim Therapy from edtronic, Inc., we are able to benefit e majority of those women for hom other therapies have failed.



aren Noblett, M.D., Associate Professor and Director of Female Pelvic Medicine and Reconstructive Surgery, Department of OB/GYN, at the University of California, Irvine.

"InterStim Therapy is a minimally invasive treatment for overactive bladder, urgency frequency, and urge incontinence," says Karen L. Noblett, M.D., Associate Professor and Director of Female Pelvic Medicine and Reconstructive Surgery, Department of OB/GYN, at the University of California, Irvine.

Through a small implantable medical device in properly selected patients, InterStim Therapy works by providing the neurostimulation necessary to control and dramatically reduce or eliminate symptoms of urinary incontinence and overactive bladder.

"Although not considered first line treatment for all bladder control problems," Dr. Noblett adds, "candidates for InterStim Therapy include those women who suffer from refractory urinary urgency frequency and urge incontinence."

Major advantages are that it is minimally invasive and is completely reversible. Additionally, InterStim Therapy provides a trial period to evaluate whether or not the therapy will be effective for the particular patient. No other surgical interventions offer a trial period before committing to the therapy, allowing men and women to make an educated decision about their treatment for bladder control.

To request InterStim Therapy information, or to find a local physician in your area who can determine if you are a candidate for InterStim Therapy, visit us at http://www.restoreyourfreedom.com or call 1-800-664-5111, ext. 31.

for InterStim™ Therapy for Urinary Control. Product technical manual must be reviewed prior to use for complete clinical disclosure.

Indications:
InterStim Therapy for Urinary Control is indicated for the treatment of urinary retention and the symptoms of overactive bladder, including urinary urge incontinence and significant symptoms of urgency frequency alone or in combination, in patients who have failed or could not tolerate more conservative treatments.

Contraindications:
Patients are contraindicated for implant of the InterStim System if they have not demonstrated an appropriate response to test stimulation or are unable to operate the neurostimulator. Also, diathermy (e.g. shortwave diathermy, microwave diathermy or therapeutic ultrasound diathermy) is contraindicated because diathermy's energy can be transferred through the implanted system (or any of the separate implanted components), which can cause tissue damage and can result in severe injury or death. Diathermy can damage parts of the neurostimulation system.

Precautions/Adverse Events:

Warning: This therapy is not intended for patients with mechanical obstruction such as benign prostatic hypertrophy, cancer or urethral stricture.

Safety and effectiveness have not been established for bilateral stimulation, patients with neurological disorders of urgency such as multiple sclerosis, pregnancy and delivery, or for pediatric use under the age of 16. System may be affected by or adversely affect cardiac pacemakers or therapies, cardioverter defibrillators, electrocautery, external defibrillators, ultrasonic equipment, radiation therapy, magnetic resonance imaging (MRI), theft detectors and screening devices. Adverse events related to the therapy, device or procedure may include: pain at the implant sites, lead migration, infection or skin irritation, technical or device problems, transient electric shock, adverse change in bowel or voiding function, numbness, nerve injury, seroma at the neurostimulator site, change in menstrual cycle and undesirable stimulation or sensations.

CAUTION: Federal law (USA) restricts this device to sale by or on the order of a physician.

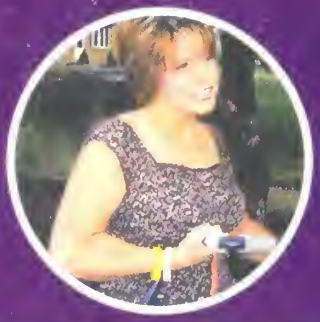
This therapy is not for everyone. Please consult your doctor for

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WE LOST 104 LBS†

"I am 41 years old with 3 children. **On the Pure Weight Loss Program I lost 47 pounds.** I feel like a new person and I have more energy than I did back in my twenties. I've gained so much more confidence. Joining the program was one of the best changes I have ever made."†
–Pam Sleighter



"Now that I lost 57 pounds, I feel great! I feel lighter, I feel confident enough to go out there and wear a bikini, whereas before that would never happen. This program is amazing! It's the best thing I ever decided to do!"†
Katie Robinson




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The first and only bread to be made with the CoroWise™ brand, a naturally sourced cholesterol reducer*. Because a healthy lifestyle deserves a delicious bread. For other nutritious varieties, visit oroweat.com. *Oroweat. Bread Perfected.*

*Foods containing at least 0.4 grams per serving of plant sterols, eaten two times a day with meals, as part of a diet low in saturated fat and cholesterol, may reduce the risk of heart disease. Three slices of Oroweat Whole Grain & Oat bread will provide at least 0.4g plant sterols. ©2007 Bimbo Bakeries USA, Inc. CoroWise™ is a licensed trademark of Cargill, Incorporated





Of course our Spreadable Butter is delicious. Consider its relatives.

ways to enjoy Challenge Butter. Our convenient Spreadable Butter
fect substitute for flavorless spreads. And our tasty regular butter
ecipes and at dinner tables for generations. Of course, if you're
ost decadent, our European Style Butter with its creamier taste
swer. Whatever you're cooking up, Challenge has the butter.

Holiday Gift Guide

Good things come in small packages. Don't forget to add these stocking stuffers to your list. They are guaranteed to add a smile on your loved one this season.

Fill their stockings with flavorful fun!

Make sure you've plenty of refreshments on hand for the Holidays and for a special treat, stock up on Coca-Cola Brand Lip Smackers®. These great-tasting lip glosses offer girls the authentic taste of their favorite beverage flavors in a lip gloss that's as good for their lips as it tastes! Available at drug stores and mass-market retailers.

Find these and other great Smackers holiday gift ideas at www.smackers.com.



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Bring home the perfect holiday movies for the entire family!

Spread holiday cheer and big laughs with *Elf* starring Will Ferrell. Inspire your entire family with the epic holiday classic *The Nativity Story* starring Keisha Castle-Hughes.

Now available on DVD from New Line Home Entertainment
www.newlinedvd.com



Two great holiday gift ideas for the busy cook in your life from Sandra Lee!

Available in stores now
www.semihomemade.com



It's more *20-Minute Meals*, with six new chapters of inventive anytime recipes that get dinner on the table in less time than it takes for take-out.



In the third book of her *Semi-Homemade® Cooking* trilogy, Sandra takes us on a culinary trip around the world, from comfort foods we crave to restaurant recipes we can recreate at home.

GREAT GIFTS UNDER $30

FOR EVERYONE ON YOUR LIST!

FOR HER

1 This super-soft cashmere scarf comes in 21 hues—with one just right for the fashionista on your list. $29.50; *www.landsend.com*

2 This faux-crocodile satchel from Mossimo in a rich shade of forest green will thrill with its high style. $24.99; *www.target.com*

3 Avid gardeners will clap for this hand-pampering set, which includes scrub and an extra-rich lotion. $24; *www.crabtreeandevelyn.com*

4 Sonia Kashuk's makeup brush set in a chic carrying case is a beauty must. $19.99; *www.target.com*

5 Each of these elegant Tocca soaps is scented with a different classic fragrance. $30 for set of three; *www.bluemercury.com*

6 Retro-glam rings and bracelets sparkle. Rings, $25 each; *www.lizclaiborne.com* for stores. Bracelets, $19.99; *www.dressbarn.com* for stores

7 These sporty hand-knit Sno Bunny hats are lined in fleece for [illegible] warmth. $30; [illegible]

8 [illegible] stash [illegible] loose [illegible] of three; [illegible]



9 The aptly named Perfect Christmas Scented Candle comes in three gorgeous wintery scents—the best we've sampled! $16.50; *www.bathandbodyworks.com*

10 This patent-leather wallet is sporty—and at this price, it's easy on your own wallet. $12.50; *www.oldnavy.com* for stores

11 Choose this calligraphy set, which comes with a bamboo pen, nibs, ink and a guide, for crafters who'd love to learn the art of lettering. $24.95; *www.coldwatercreek.com* for stores

12 This set of delicate snowflake-embossed soaps is festively packaged in a silver box with jeweled ornament. $25 for set of four; *www.giannarose.com*

13 Here, a customizable set of bath goodies—you choose the gel, soap and salts to mix and match—all infused with soothing essential oils. $28.85; *www.eoproducts.com*

14 Teens will adore this boldly patterned cardigan from the new Dear line, designed by actress Amanda Bynes. $19.98; *www.dearbyamanda.com* for stores

15 Pretty polka-dot pajama pants make lounging a fashion statement. $29.50; *www.aerie.com*

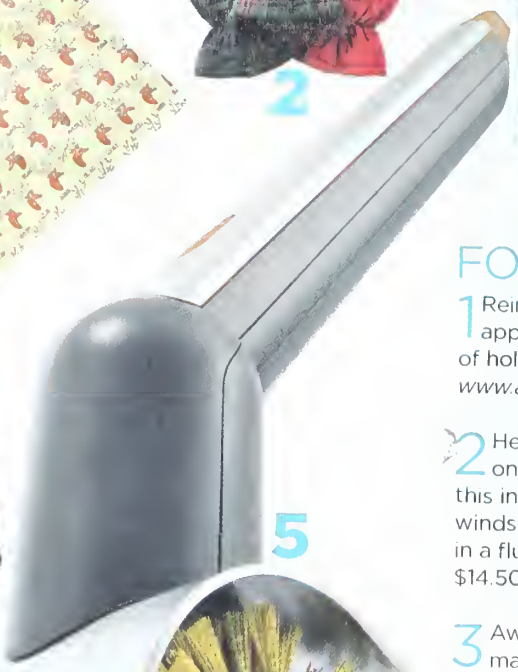
CONTINUED

16 **EDITOR'S PICK**
"This cute pouch is packed with nine lip gloss minis." Mini Mark's lip gloss, $15; *www.meetmark.com*
—Erica Metzger, Senior Beauty Editor





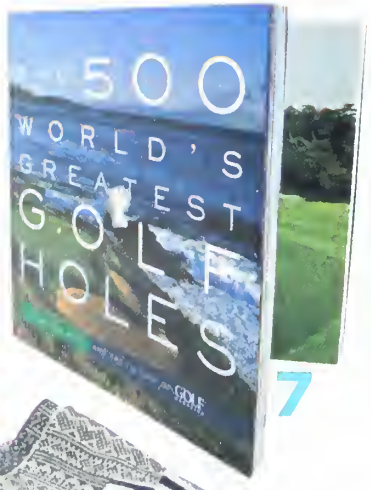














FOR HIM

1 Reindeer boxers will appeal to your guy's sense of holiday humor. $12.50; *www.ae.com*

2 Help keep his paws warm on cold mornings with this ingeniously designed windshield scraper encased in a fluffy down mitten. $14.50; *www.eddiebauer.com*

3 Awaken his inner handyman with this 45-piece tool set from Husky. $15; *www.homedepot.com*

4 To keep your guy groomed, give him this Dual Action nose-hair and beard trimmer. $21.99; *www.aceformen.com*

5 His summer grilling will get a lot easier with this motorized grill brush. $30; *www.brookstone.com*

6 At these low prices you can't go wrong with classicly styled sweaters. Zip-neck, $12.98; *www.steveandbarrys.com* for stores. Collared model, $19.99; *www.bjs.com* for stores

7 *The 500 World's Greatest Golf Holes*, by George Peper, will have him dreaming of teeing up at the first sign of thaw. $29.95; *www.workman.com*

8 Handsome patterned scarves will keep him toasty all winter long. Fair Isle scarf, $24.50; *www.gap.com*. Striped model, $19.50; *www.ae.com*

CONTINUED

oday's holidays need





TODAY'S MAIL®

der our free eco-friendly packaging

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d get those gifts out on time

it all at **usps.com**



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FOR KIDS & BABIES

1 Each of these cute onesies comes with an alphabet's worth of iron-on letters so you can give them a personalized touch. $28; *www.meyamo.com* for stores

2 Started by a mom who made soft-soled shoes for her own toddler, the Robeez line has now grown to give you a choice of more than 60 delightful designs. $28 a pair; *www.robeez.com*

3 These Lollitops tees sport sassy phrases to match their sweetly clever packaging. $21; *www.clotheslinecandy.com*

4 Your tot will feel like Cinderella in any one of these glittery ballet flats. Left to right: Sparkle Ballet Flats, $24.50; *www.gap.com*. Sparkle Flats, $19.99; *www.jcpenney.com* for stores. Glitter shoes, $9.98; *www.steveandbarrys.com* for stores. Glitter-Trim Skimmers, $14.50; *www.oldnavy.com*

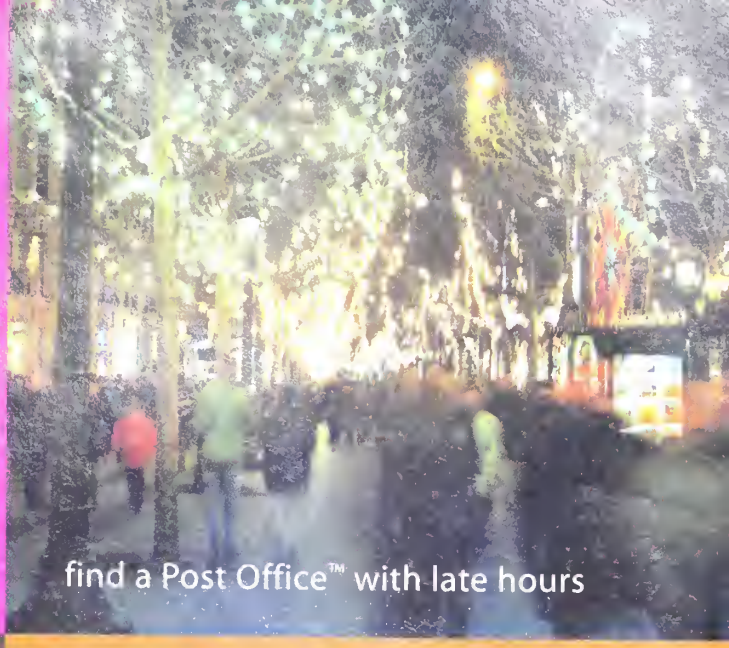
5 Make bath time a happy occasion for little ones with this absorbent, cute-as-it-is-cuddly puppy towel. Other animals available. $29.50; *www.llbean.com*

6 These snuggly combed-cotton sweaters sport cute images, including an owl, polar bear or lobster. $24.50; *www.llbean.com*

CONTINUED ON PAGE 106

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www.jun
—Sue Owen Erneta

oday's holidays need





TODAY'S MAIL

ip in time with our calendar

der stamps online

ck packages from your laptop

d actually enjoy the holidays

it all at **usps.com**



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[illegible] & Bears

All toys on this page are made in the USA

1 [illegible] Fossil Work[illegible] Fossil Preparation Kit [illegible] to find real natural treasures. Made in Connecticut. $19.99; [illegible]tfossils.com

2 Wooden alphabet blocks are a classic way to help tots learn their ABC's. Uncle Goose's are available in several languages. Made in Michigan. From $29.95; *www.unclegoose.com*

3 These Krazy Kars craft kits supply everything for fledgling designers to cast their own models. Made in California. $16; *www.castandpaint.com*

4 No two of these organic-cotton teddy bears are the same—they're handmade by a mom out of her home. Made in Maryland. $30; *www.honeysuckledreams.com*

5 Out of a Rocky Mountain workshop, this company makes simple yet imaginative wooden toys. Made in New Mexico. $20; *www.northstartoys.com*

6 Sports fans get in touch with their inner coaches with this Pizza Box Football game, designed for ages 12 and up. Made in Indiana. $29.99; *www.otlgames.com*

















EDITOR'S PICK
"I love the way this toy combines art and architecture with good old fun." Made in Nebraska. Dado Cubes, $24.95; *www.fatbraintoys.com*
—Margot Gilman, Deputy Editor

WIN A MINIVAN + $30,000

Enter for your chance to win the ultimate family gift this holiday season. We are giving one lucky [illegible] new 2008 [illegible] van [illegible]!

ur picks for the hottest DVDs:

Ratatouille, $15.87, Walt Disney Studios Home Entertainment

- ***Spider-Man 3***, $15.87, Sony Pictures Home Entertainment
- ***High School Musical 2***, $15.87, Walt Disney Studios Home Entertainment
- ***Fantastic 4: Rise of the Silver Surfer***, $16.87, 20th Century Fox Home Entertainment
- ***Shrek the Third***, $15.87, DreamWorks/Paramount Home Entertainment

ll available at *www.walmart.com*





WIN! You could win toys featured in the new Warner Bros. holiday movie *Fred Claus* worth $500. One set will go to a lucky reader, the other to that winner's charity of choice. For details go to page 194 or **www.lhj.com/toysweepstakes**



1 As a clever twist on the classic Lego, this new version allows little ones to create mosaics. Made in Denmark, Austria, the Czech Republic and Hungary. $19.99; *www.lego.com*

2 All *Hannah Montana* fans will want this groovy guitar in a sweet shade of purple. Made in China. $19.99; *www.etoys.com*

3 This giraffe tent is great for providing shelter from the elements on young explorers' safaris—or just in their own backyard. Made in Vietnam. $29.99; *www.target.com* for stores

4 You can't go wrong giving this *High School Musical* CD board game. We haven't found a preteen yet who isn't obsessed with the Disney Channel's smash-hit movie. Made in China $19.99; *www.toysrus.com*

5 Fisher-Price's Go Baby Go! Sit-to-Stand Giraffe encourages wee ones to learn how to pull themselves into a standing position. Made in Mexico. $27.99; *www.babiesrus.com*

6 With its movable shovel, pint-size builders won't be able to resist getting down to work with this Caterpillar Wheel Loader. Made in Germany. $23.30; *www.brudertoysamerica.com* for stores

CONTINUED



FOR FOOD FANS

- *Anyone Can Cook*, a full-color [illegible] recipes, $24.95
- *Made From Scratch*, a memoir [illegible] Food Network star Sandra [illegible] $25
- *Cheese Deck: A Connoisseur's Guide to 50 of the World's Best Cheeses* by Max McCalman and David Gibbons, an easy-to-use reference of top-rated cheeses, $14.95
- *Hip Tastes: The Fresh Guide to Wine*, by Courtney Cochran, a fun-to-use guide, $18.95
- *How to Be a Better Foodie*, by Sudi Pigott, $17.95
- *Christmas With Paula Deen*, festive recipes by the Food Network star, $23

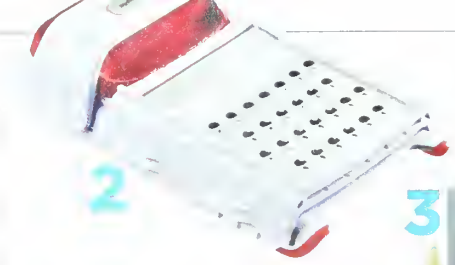
All available at *www.amazon.com*























FOR FOODIES

1 This wonderfully whimsical Handcart Girl apron will add color to the kitchens of all your chef friends. $28.50; *www.jilliewillie.com*

2 Zyliss's hardworking 4-in-1 Slicer and Grater does quadruple duty, grating and cutting on fine and thick settings. $19.95; *www.surlatable.com*

3 Delicious Dolce Vita dessert teas make a sweet ending to any holiday meal. $24; *www.teaforte.com*

4 With this 30-piece cake-decorating set from the experts at the Culinary Institute of America even a novice is sure to look like a pro in no time. $30; *www.ciacook.com*

5 Need a hostess gift more original than a bottle of wine? These Belvoir Fruit Beverages, in unique flavors like Elderflower Presse and Ginger Beer, are the season's tastiest answer. $7.49 for a 25.4-oz. bottle; *www.mybrandsinc.com*

6 Simply the most mouth-watering brownies to ever come out of a box—Saxon Chocolates Brownie Mix. $14; *www.saxonchocolates.com*

7 Straight from Florida, each jar in this three-honey pot sampler has tangy touches of citrus. $14 for set of three; *www.tropicbeehoney.com*

CONTINUED





The Cheese Shredder: One of 12 creative accessories that make the Stand Mixer an even better gift.

KitchenAid

FOR THE WAY IT'S MADE



FOR HOME BODIES

1 These adorable ornaments will add panache to any tree. Angel, $30 for set of three; *www.redenvelope.com.* Santa's belly ornament, $5; *www.pier1.com* for stores. Reindeer, $29 for set of three; *www.coldwatercreek.com*

2 This Photoforest photo holder is a great way to display snapshots all season long. $13; *www.umbra.com*

3 The sheen of these red and gold chargers adds twinkle to your table. Martha Stewart Collection chargers, $5 for round, $6 for square; *www.macys.com* for stores

4 These jewel-colored Good Tidings mercury-glass votives send out warm greetings. $30 for set of four; *www.redenvelope.com*

5 Distinctive red-stemmed martini glasses will add plenty of punch to holiday cocktails. $20 for four; *www.pier1.com* for stores

6 All of the proceeds from Hable Construction's cheerful felt stockings go to St. Jude Children's Research Hospital. $18; *www.stjude.org*

7 These ultra-glam mosaic decanters from party-planning guru Colin Cowie will be the hit of any soirée. $29.95 for set of three; *www.hsn.com*

8 Snuggly throws offer super comfort at a low price. Herringbone, $19.99; knit, $24.99; *www.millihome.com* for stores

CONTINUED


m&m's
Happy Holidays. Always Fun.™



STOCKING STUFFERS

1 DaysAgo timers let you know just how long that cranberry cobbler has been in the fridge. $9.99 for two; *www.containerstore.com*

2 With more than 30 styles, one of these personalized labels is right for the baker in your life. $28; *www.felixdoolittle.com*

3 Oversize-initial keychains can be stuffed in a stocking or used as a gift tag. $3.50 each; *www.oldnavy.com*

4 Your favorite traveler's bag will stand out with bright (and sharp-witted) luggage tags. $9.99 for six; *www.containerstore.com*

5 They smell good enough to eat, but these soaps are really scrumptious come bathtime. $3 to $5 each; *www.crabtreeandevelyn.com*

6 Share your innermost holiday wishes with this just-for-fun Mini Christmas Box of Questions. $6.95; *www.theboxgirls.com*

7 These gift soaps are as adorable as the breeds they model—besides Labs they come as dachshunds, pugs, Malteses and more. $20; *www.uncommongoods.com*

8 The rising air from the lit tea lights on this candleholder makes the delicate reindeer dance. $9.99; *www.containerstore.com*

9 Small in size but big in sound, these mini MP3 speakers measure just 2½ inches long and attach directly to the player. $24; *www.flight001.com*

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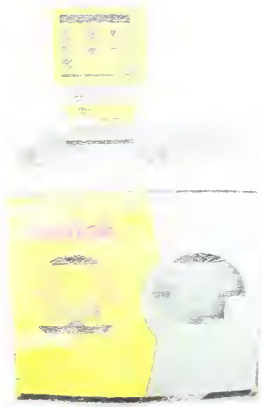
LOVE YOUR HEART

New Promise activ™ SuperShots™ are tasty 3 ounce fruit and yogurt flavored drinks that contain natural plant sterols, ingredients that are clinically proven to help remove cholesterol from your body. With Promise activ SuperShots™, you could see reduced cholesterol levels when enjoyed daily with meals as part of a diet low in saturated fat and cholesterol. So stop by the dairy aisle and try all three flavors: Strawberry, Raspberry and Peach. See what an impact a little drink can have.

For more information on natural plant sterols, go to WebMD



Foods containing plant sterols should be eaten twice a day with meals. At least 0.4 g plant sterols per serving for a total daily intake of at least 0.8 g, as part of a diet low in saturated fat and cholesterol, may reduce the risk of heart disease. A serving of this product contains 2 g plant sterols.

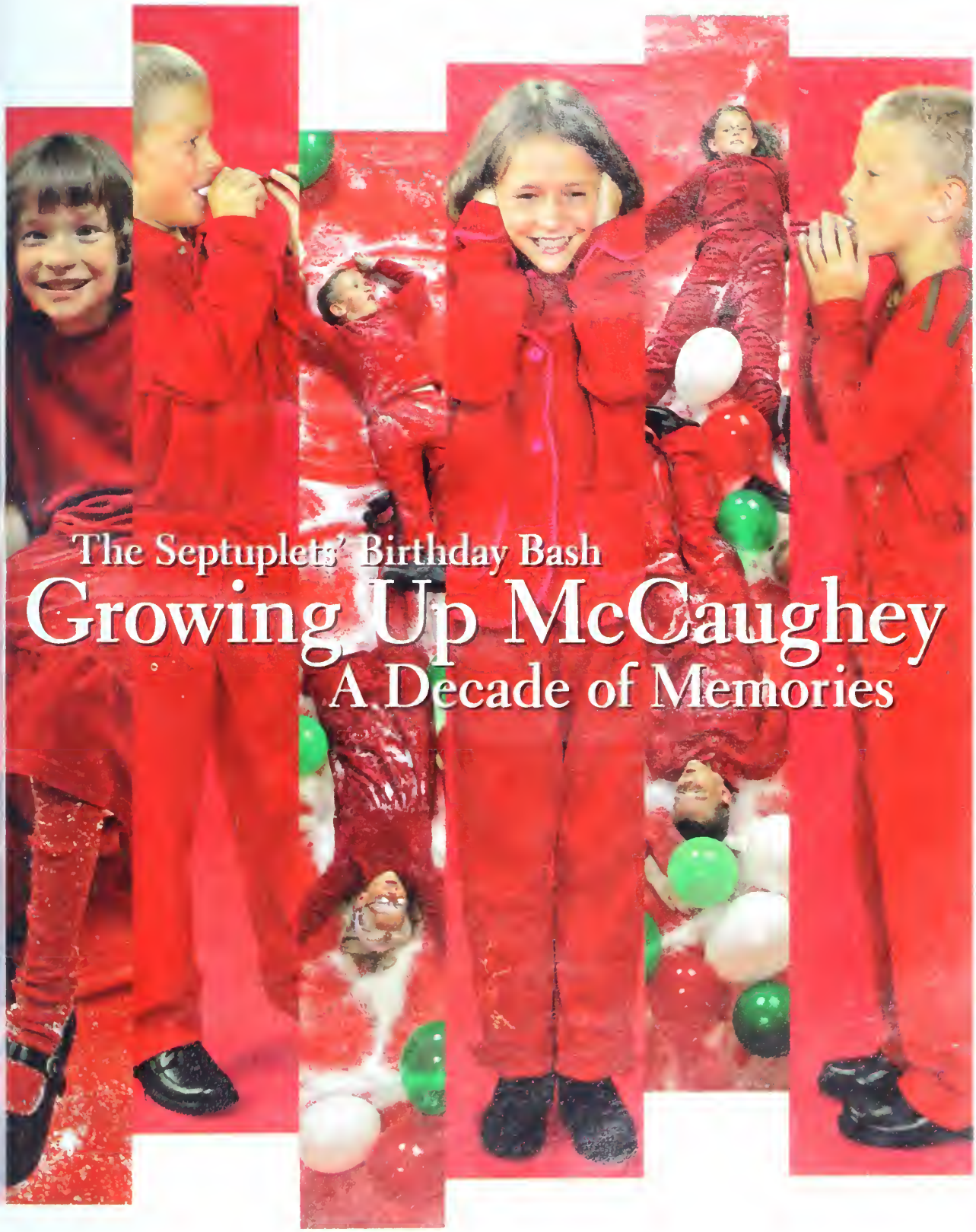


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The Septuplets' Birthday Bash

Growing Up McCaughey

A Decade of Memories

The Septuplets



Turn 10!

It seems like just yesterday that they were burping babies, and now the McCaughey seven are rollicking preteens. Enjoy a family photo album from the last decade—and see what they're up to today



From left to right: Joel, Alexis, Kenny Jr., Kelsey, Nathan, Natalie and Brandon sing and dance—and cheer—to celebrate their 10th birthday with a giant cake specially made for the occasion

Ten years ago headlines around the globe heralded the birth of the McCaughey septuplets in Iowa. After 10 people, including specialists in high-risk pregnancies and respiratory therapists, helped them into the world on November 19, 1997, *USA Today* trumpeted the MIRACULOUS 7. They were the MAGNIFICENT SEVEN! in the *Belfast News-Letter* and SEVEN BUNDLES OF JOY for the Queensland, Australia, *Courier-Mail*. In Montreal *The Gazette* declared a MIRACLE IN IOWA.

The world's first surviving set of septuplets, the McCaugheys are the largest intact multiple birth on record. Born two and a half months early and weighing just three pounds each (give or take a few ounces), Alexis, Brandon, Joel, Kelsey, Kenny Jr., Natalie and Nathan have grown and thrived as the world has watched.

At first, caring for the seven fragile preemies meant endless diaper changes and feedings by their parents, Bobbi and Kenny McCaughey, and a volunteer team of friends and family from in and around their hometown of Carlisle, near Des Moines. Photographs from the septuplets' first years depict exhausted adults plastered with sleeping—or crying—babies. Tender nurturing was the order of the day.

Now parenting the seven—and their older sister, Mikayla, who will turn 12 in January—is more like reining in a fun loving mob. When the gang arrives for this month's *Ladies' Home Journal* cover photo session, they gallivant down the prop lined corridor to the studio. "Look! The bathtub!" Natalie cries, and the septuplets rush to surround a white claw foot tub as Mikayla watches, the bemused big sister. "We've been here four times for *Ladies' Home Journal* shoots," Bobbi explains.

"A printing press," announces Joel, gripping the wooden handle as the group passes an old time machine.

"Hold my hand, honey," commands his mother.

When the kids see the crew, some of whom they remember from years past, it's hugs all around. CONTINUED

By STEPHANIE WOODARD

PHOTOGRAPHED by STEVE LISS/2007 POLARIS

Stylists shoo the girls from the dressing room. "Please come back," Mikayla says when she hears she'll wear.

"Cute boots," Natalie remarks about the footwear that's been chosen for Kelsey before putting on her own Mary Janes. Then to the makeup artist: "What color is this lip gloss?"

Meanwhile, the boys chow down on breakfast bars and guzzle juice at a snack table while waiting their turn to get ready. "Okay," says photographer Steve Liss, "who gets into trouble at school?" Only Kenny Jr. raises his hand. "Not even a contest?" marvels Liss.

"Kenny asked his teacher to marry him," Brandon offers, as if to explain the extent of his brother's daring. Kenny Jr. glares at him.

Soon all eight are costumed and have posed for a group shot. Then just the septuplets surround a giant white-and-red 10th-birthday cake. Years in the public eye have accustomed them to taking direction. They pose and cavort as Liss requests.

These days, they're aware they're famous and will even point that out to their mother from time to time. "But they're still not sure why," Bobbi marvels. "They've noticed there aren't other families with such large numbers of children born on the same day, but they haven't put it all together."

But of course as children, they are more interested in things they've accomplished by themselves, like Brandon's and Kenny Jr.'s baseball [illegible] started at school last year. [illegible] recent big achievement [illegible] walker [illegible] sports [illegible] 10th. [illegible] physical therapy, contributed to the improvement. In September 2006 doctors cut through the bones of his lower legs, which had been pulled out of alignment by his muscles. They then reoriented the bones to straighten out his feet. To hold the shinbones in place while they were healing, the doctors placed metal plates on them. The bones have healed, so the plates will be removed in the near future during an as-yet-unscheduled operation.

Alexis, the other septuplet with persistent physical issues, will have surgery to straighten her feet in the next year or two—paid for, as most of the septuplets' medical costs are, by the health insurance their father has through his job at a Des Moines factory that powder-coats furniture and other items. In Alexis's case, hypotonic quadriplegia, or weakness in all four limbs, causes the misalignment. Meanwhile she receives physical therapy and periodic injections around her upper legs. The medication deadens the nerves, interrupting the inappropriate muscle patterning and allowing her to build strength. She still relies on a walker, however.

"They have few of the health problems you'd expect from preemies," says their doctor

Both Nathan and Alexis need tutoring in reading and math but are essentially working at grade level, as are the other septuplets. The children have moved beyond most of the medical issues of their early years—including Joel's strabismus, which caused his eyes to cross until an operation corrected [illegible], and the reflux that caused swallowing problems for Natalie and Alexis. Both girls wear glasses to correct nearsightedness, according to Bobbi (Alexis since preschool, Natalie since second grade).

The septuplets' progress has been remarkable. "They're seven of the healthiest kids I see, with few of the issues, like respiratory problems, you'd expect from preemies," says Peter Hetherington, D.O., their pediatrician since birth. "Yes, Nathan and Alexis have some neurological issues, but often children born with similar problems can spend a lifetime in a wheelchair."

Dr. Hetherington also notes that they're "socially adapted." The girls tend to share friends, Bobbi reports, and the boys typically have individual best pals.

Occasionally medical issues do crop up for the children just because they're active. This past August, for example, the septuplets were playing outside with an 11-year-old cousin. Climbing is irresistible for Joel, so he had scaled a large shade tree. "He can climb lampposts," declares Kelsey. Suddenly a branch broke beneath Joel's weight, and Bobbi, who was supervising the children, looked up to see him plunge some 18 feet, landing flat on his back.

Bobbi quickly told her niece to take the other children indoors so they wouldn't become upset or panic Joel. Though Joel never lost consciousness or even cried, mostly because the wind was knocked out of him, says Bobbi, she admits she was frightened during the few minutes they waited for the ambulance. "I didn't know how badly he was hurt," she says. Joel and his mom were whisked to a nearby emergency room, where pediatric and trauma doctors diagnosed compression CONTINUED ON PAGE 122

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[illegible] on him to [illegible] protect his vertebrae for several weeks," explains Dr. Hetherington, who met Bobbi and Joel at the E.R. "He was moving around just fine and merely a little less talkative than usual. After a brief hospital stay they sent him home with over-the-counter painkillers. We don't expect long-term effects." Though Joel certainly wasn't able to climb anything for a while, he could walk unaided and started fourth grade with his siblings on August 22.

Bobbi is philosophical about the accident. "He loves climbing and is good at it," she says. "I discourage him from going too high, but really, I don't want any of them avoiding things they enjoy because of my fears."

Joel may be the septuplets' aerialist, but all seven explore the world with gusto. "They're becoming independent, testing life," says Kenny. He and Bobbi are well aware that the day is coming when they'll have not eight tykes but eight teenagers in the house.

"In many ways, parenting them now is more difficult than when they were little," confesses Bobbi. "With babies, every day is the same. You can go through the motions blindly. Now we have to be on our toes constantly in changing situations—teaching them self-control, respect and more."

Kenny calls the stage his children have entered "the in-between years," when they're no longer malleable little kids but not yet [illegible] rebellious teens. "Things will get interesting [illegible] starting [illegible]," he [illegible]

[illegible]

[illegible]

[illegible]

offsprin[illegible]




Joel
Kelsey
Kenny Jr.
Natalie
Nathan









1 Crowds in Carlisle, Iowa, the McCaugheys' hometown, released pink and blue balloons to celebrate the septuplets' birth on November 19, 1997. 2 All seven children spent time in a neonatal intensive care unit. 3 Bobbi and Kenny McCaughey needed two quadruple strollers to transport their brood in the early days. 4 "Oooh, what's in here?" The seven celebrating their first birthday. 5 A local merchant welcomed the town's new residents with a brightly lettered sign. 6 Four for the road. It took four adults, Bobbi and Kenny and her parents, Peggy and Robert Hepworth, to transport the septuplets to church. 7 Mikayla got a close look at the cake for one of her siblings' first-birthday cake.

CONTINUED







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adults. [illegible] children attend [illegible] the Bible [illegible]. "When [illegible] actually theirs, it will hopefully have a positive effect on them during their teen years."

The children's access to the media is also carefully controlled. "We keep a tight rein," says Bobbi. "That's the way Kenny and I were raised." Christian music and TV and educational television, such as the Discovery Channel, are on the approved list, along with family-friendly shows, such as *Hannah Montana* and *High School Musical 2*. Only Mikayla has an e-mail account, accessed with her parents' permission and on their computer in an office off the kitchen.

All eight do chores, says Bobbi. They tidy their rooms, change their bed linens, feed the cats and more. As the oldest, Mikayla has recently added more grown-up tasks. She occasionally mows the lawn and babysits her siblings. The family has an imaginative fee structure: Mikayla earns $3 an hour for watching her siblings, while the others each receive 50 cents for behaving while their parents are away. For Mikayla, there's a bonus: She enjoys having the house to herself after the younger ones' bedtime at 8 P.M. Once, Bobbi and Kenny returned right after the little ones had gone to bed, and Mikayla exclaimed, "Couldn't you have stayed out longer?"

Mikayla's independence appears to come from having been home-schooled. After Bobbi taught the lessons, Mikayla decided which homework she'd do when. The approach worked well, with Mikayla scoring high on standardized tests. Her big adventure this year has been going to a regular junior high. She's not feeling like the odd one out, though. "It's a new regional school," says her mother, "so it was unfamiliar to all the kids."

The septuplets have always attended the town's regional school, which is large enough to divide them among several classrooms and let them develop without being compared to their siblings. With Mikayla's new schedule, Bobbi has been able to take a part-time job, working during school

for it

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hours on the production line at the same factory where Kenny works and thereby supplementing the family's overstretched income.

The McCaugheys' finances are a balancing act. During the past year they've dipped into savings for day-to-day expenses, Kenny says. Bobbi still makes much of the children's clothing. Vacations are camping trips at nearby state parks. Other outings are rare, but not just for financial reasons: Nathan and Alexis can't keep up during, say, a walk through a mall.

The day after the big photo shoot, the McCaugheys have a get-together for friends and family. While Alexis picks out "Jingle Bells" on the piano in the living room, Bobbi and Kenny put out platters of food on the kitchen's breakfast bar. In the family room, Bobbi's mother, Peggy Hepworth, and youngest sister, Michele Bailey, sit with Kelsey, looking through photographs from the kids' early years. The other children jump and climb on play equipment in the backyard.

As everyone digs in, Bobbi and Kenny's stepmother, Val, reminisce about a day the two of them managed to transport seven infants in seven car seats to the hospital for tests. Friend Vicky Skiles, whose husband, Mark, is watching over the outdoor play, reports that she recently saw one of the kids climbing on the equipment unsupervised. Kenny smiles. "I'm going to have to set up a security camera to keep track of them," he says.

Camera or no, he and Bobbi look forward with optimism. The McCaugheys have survived the challenges of the septuplet's early years with the support of their faith, family and community—the bulwarks that will sustain them as their energetic children move into the future.

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Skincare Update

"Stem Cell" Creams... The Future of Skin Rejuvenation

These über-sophisticated skin potions really do make you look younger... but can you afford them?

Before you go crazy about the term "Stem Cells" (the two most controversial words in science), here's something you need to know: These new and very expensive topical creams aren't about putting embryonic stem cells in a jar and slathering them all over your face. Instead the technology focuses on using polypeptides and enzymes to "awaken" the body's own reservoir of stem cells to rejuvenate the skin and make you look younger... a lot younger!

The fact is, skin is the largest repository of stem cells in the human body. Don't believe it? Check out the National Institute of Health's database on stem-cell research at http://stemcells.nih.gov/info/scireport.

That's why virtually every major cosmetic manufacturer is rushing to tap into this new stem-cell technology.

Here's what Dr. Richard Wells, Ph.D., told me: "Cosmetic chemists around the globe are burning the midnight oil for one simple reason: As we age, stem-cell utilization for skin repair is less efficient. However, the potential that nature has given us to access these endogenous stem-cell reservoirs for skin rejuvenation is quite remarkable. That's why science is seeking to activate the potential of our inherent adult stem-cell reservoirs. In so doing, the practical use of stem-cell technology can provide the consumer with a topical, anti-aging cosmetic formula that simply makes everyone look years younger."

What does this mean in plain English? Stem cells are hot... really, really hot. Imagine new, fresh [illegible] undamaged by age,

[illegible] are the winners in the [illegible]. The first is Amatokin [illegible] European launch (which caused a near [illegible] lysées boutique in Paris), Amatokin has finally [illegible] getting all the buzz in the "celebrity" mags. The second [illegible] Peau Magnifique from ReVive. But the biggest [illegible] be StriVectin®-HS Hydro-Thermal Deep W[illegible]erum[illegible] we



"20 and 30 somethings are using these high-tech emulsions so they will always look young... 40 and 50 somethings are using them to look like they're still in their 20s and 30s."

Dr. [illegible], Ph.D., R.D

women already use, trust and love, and that has gained a worldwide reputation as the best deep-wrinkle serum on the market. Why is it so effective? Well, it's rumored this heat-activated serum contains the super-secret Amatokin ingredient (polypeptide #153). This could explain why women love StriVectin-HS so much.

Being a beauty editor, I was lucky enough to try each of these products for free. And, frankly, I love them all. (Although, I would give a slight edge to Amatokin Emulsion For The Face, because it's easier to apply.)

I don't know about you girls, but I'm ready for something new! See you at the cosmetic counter.

"Paralyzing injections are so last year... especially when stem-cell creams can give you natural-looking skin rejuvenation"

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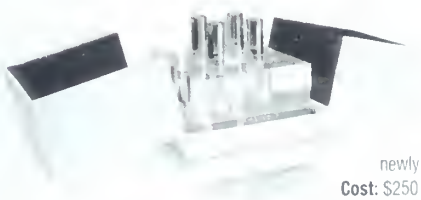


Right now, Amatokin is the hottest skin cream in the world. More than simply reducing the appearance of wrinkles, Amatokin actually rejuvenates the skin, making it look absolutely radiant. In fact, when Amatokin premiered at Sephora's flagship store on the famed Champs-Élysées (under large banners proclaiming "Stem Cells... The Promise of Skin Rejuvenation"), Parisian women lined up to get their hands on what was said to be the most profound skin-care breakthrough in more than three decades.

Amatokin has quite a history. Developed in Russia at the "super-secret" Research and Production Center for Medical Biotechnology (a high-security medical lab located 62 miles north of St. Petersburg, surrounded by razor wire and machine-gun-toting armed guards... no kidding), the Amatokin peptide (known in official circles as polypeptide #153) was developed as part of ongoing research to help burn victims (interestingly, today's most important "anti-aging" compounds are derived from burn-related research).

Does it work? Well, if the original Amatokin 153-amino-acid-polypeptide can help burn victims with serious scarring and devastated skin, imagine what Amatokin can do for deep creases and an aging complexion. **Cost:** $190 for 30 ml (approx. one-month supply). Available at Lord & Taylor, Bloomingdale's, Sephora stores worldwide, Nordstrom and Macy's, or directly from Voss Labs at **Amatokin.com** or by calling **1-800-513-3089**.

"Rather than going under the knife, you may be able to look 20 years younger by applying a 'stem-cell' face cream, thus replacing a time-ravaged complexion with your own, new, wrinkle-free skin..."



The company claims that Peau Magnifique "recruits youth and resets your skin's 'aging clock' by a minimum of five years" by utilizing enzymes, so they say, to convert resting, adult stem cells to newly minted skin cells. ReVive also credits "burn research" as the origin of its Peau Magnifique product. **Cost:** $250 per month. But can you believe it? You have to buy a full 6-month cycle for $1,500! At Neiman Marcus, Barney's and Bergdorf Goodman.

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The big question is this: Does StriVectin-HS Hydro-Thermal Deep Wrinkle Serum contain the Amatokin polypeptide?

StriVectin-HS has gained a worldwide reputation as the best deep-wrinkle serum on the market. Why is it so effective? Well, it's rumored this heat-activated serum contains the super-secret Amatokin ingredient (polypeptide #153). This could explain why women love StriVectin-HS so much. When asked about the Amatokin rumor, Klein-Becker spokesperson, Gina Gay, responded, "Because of contractual obligations, I am not permitted to say anything about the Amatokin peptide." If you ask me, I think they've got it. **Cost:** $153 for a one-month supply. Available at Lord & Taylor, Bloomingdale's, Saks Fifth Avenue, Sephora stores worldwide and Macy's, or directly from Klein-Becker at **StriVectin.com** or by calling **1-800-403-4987**.



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How Medicine *Got So* Sick

The way medicine is practiced today has changed dramatically—for patients *and* doctors. It's critical that you understand not just what doctors say, but what they think. Here, a guide that will get you closer to great care

You arrive at your doctor's office on time and find five patients already crowding the waiting room. You can either reschedule and hope that you'll spend less time in a hardback chair with an out-of-date magazine or kiss half your day good-bye. *Grrrrr.*

You've had a pain in your side for a week. You figured it was heartburn until it got a lot sharper. You call your physician, but she's booked solid for the next five weeks. If the pain gets worse before then, she says, go to the emergency room. *Aaargh.*

Your libido unexpectedly takes a nose dive, so you go to the Internet, where you learn that the new medication you only recently began taking could be responsible. You call your doctor to discuss the research only to hear, "It's not the medication, honey. At your age, what do you expect?" *Yoooze.*

So much about medical care is frustrating and discouraging these days. Wait times for appointments, for instance, can prove lengthy. A study by the Commonwealth Fund, a health-policy group, found that in 2005 only 30 percent of U.S. patients could see a doctor the day they had a problem; 23 percent had to wait six days or longer.

By Leslie Laurence

And that's if they can afford it. The 211.5 million of us lucky enough to have private or non-Medicaid government health insurance are paying ever more for the privilege. For example, in 2007 individuals who got insurance from their employer contributed an estimated average of $273 a month for family coverage and $58 a month for single, up from $129 and $27, respectively, in 1999, according to the Henry J. Kaiser Family Foundation and the Health Research & Educational Trust. Among small firms only 59 percent offered health benefits in 2007, down from a decade high of 68 percent in both 2000 and 2001. More of us now have to finance our health care entirely out of pocket.

While we shell out more for health care, the primary-care doctors who are supposed to be our first call and continuing-care contact have seen their inflation-adjusted pay flatline and malpractice premiums rise. Meanwhile health insurers are pressuring them to increase patient loads, which can force them to over schedule. Clearly, these are not the makings of a satisfying doctor–patient relationship.

But we need that good relationship now more than ever. The new watchword in medicine is "informed decision making." Whether the question is how to reverse prediabetes before it turns into the real thing or whether to have a mastectomy or a lumpectomy for breast cancer, Americans are being asked to take an increasingly active part in making medical choices. "While the caregiver has a heavy responsibility to inform, educate and actively involve patients and consider their needs and values," says Carol Aschenbrener, M.D., executive vice president and head of medical education at the Association of American Medical Colleges, "patient-centered care means the patients need to take more responsibility for self-management."

This special section of *Ladies' Home Journal* is designed to help you get what you need from your physician despite today's perfect storm of harsh economic forces. You'll see what you have a right to expect—and what's unrealistic in today's environment. You'll learn how doctors think, so you can make sure you don't get trapped by a medical mind set that short-shrifts possibilities that could better pinpoint what's wrong with you. You'll get tools to rate your doctor and learn of new solutions helping to improve medical care.

Inside a Doctor's Diagnosis

Sure, doctors are highly trained—but they're still only human. And sometimes they're wrong about what's wrong with you



Is it possible to get good medical care from a doctor visit that lasts just 15.7 minutes? That's the average amount of time patients spend with their physicians per visit, according to a recent study from the Texas A&M Health Science Center—and it includes both the physical examination and any time you spend talking about your problems and treatment. If your visit is average, you and your doctor will discuss about six separate concerns, spending some five minutes on the major topic and allotting a little more than a minute to each of the others.

This doesn't leave much opportunity to have a thoughtful discussion about your health, especially if you have several worries. Adding to the challenge: A doctor typically interrupts a patient after an average of 18 seconds, according to a landmark study from the '80s.

Then you face another challenge: getting your physician to give you enough time to explain what's going on before he or she arrives at a diagnosis and treatment plan. While doctors are encouraged to include patients in medical decisions—a practice known as "informed decision making"—not many have embraced the concept, according to a 1999 study in the *Journal of the American Medical Association*. They argue that there isn't enough time and question whether patients really want to be so involved.

Many physicians don't even tell patients why they are ordering a laboratory test or prescribing a medication. A 2006 UCLA study published in the *Journal of General Internal Medicine* reported that often doctors don't inform patients about potential side effects of medication they prescribe. This is a significant problem, because the risks and benefits of a treatment can affect whether you adhere to it.

Fortunately, there are ways to improve those odds. Doctor and physician

By Catherine Winters



communication tests are likelier to be the recipients of complaints to regulatory authorities, a recent Canadian study published in the *Journal of the American Medical Association* found. They may even be sued more often: "The most frequent instigator of malpractice claims is the patient who feels insulted or ignored," says Richard Frankel, Ph.D., a professor of medicine at Indiana University School of Medicine and an expert in doctor–patient communication. "Many patients *could* sue because of a bad outcome but don't because they have a good relationship with their doctor."

Contributing to the communication shortfall is the pressure many doctors are under, in this era of tight finances and managed care, to see more and more people—an average of 20 per primary-care physician every day, according to a 2002 study in *The New England Journal of Medicine*. This places working fast at a premium. Even doctors who want to draw out information from patients that can clue them in on less-obvious symptoms and help them make a correct diagnosis may simply not have time.

As a result, doctors often rely on various mental shortcuts called "heuristics." These techniques tell them that certain combinations of symptoms generally point toward a specific diagnosis: A patient with X, Y and Z almost always has Q wrong with her. Heuristics work much of the time but they can also be cognitive traps that can make your doctor miss what might be a more-unusual but correct diagnosis, at least initially. One sobering look at the ultimate bottom line? An analysis of autopsies published in the *Journal of the American Medical Association* found that doctors make major diagnostic errors 8 to 24 percent of the time.

What to do? From the get-go you need to be an active, engaged participant in your own health care. If you're lucky enough to have a doctor who does hear what you say and tries to keep you informed (see "Three Signs Your Doctor Is a Good Listener," page 136), your part is to describe your health CONTINUED

attention to the offered and follow treatment your physician develops with you, reporting back how it's working. If your doctor tries to steamroller you into passive-patient mode, push back by interrupting, asking for clarification and showing that you want to be involved. Remember, the informed decision-making school of medical care is on your side, and doctors who don't practice it are out of step.

When you are being treated for an ailment, you also need to watch that your doctor is not falling into those cognitive traps, especially if the first attempt at treatment doesn't seem to be working. To be fair, not every doctor can be expected to get every diagnosis right the first time. But if after a week or two your symptoms don't resolve, fail to respond or worsen, speak up.

The following information will help you understand how your physician looks at you from the first moment you meet and which techniques he or she may be using to diagnose your problem. Use this guide to identify each technique and to respond, if you need to, in ways that help your doctor see you and your case in a fresh light.

THE "DOORWAY DIAGNOSIS"

Even before you say hello, your doctor is already assessing the way you sit or stand, the tilt of your head, your complexion and other aspects of your appearance to assess whether you look healthy or sick. For example, an unusual pallor may suggest anemia or extreme pain, while bloodshot eyes could mean a fever or a virus, explains Jerome Groopman, M.D., a professor of medicine at Harvard Medical School and author of *How Doctors Think*. Just by looking at you, the typical doctor comes up with diagnoses within minutes, says Dr. Groopman, already be forming an opinion about you are likely to be. Of course, the especially if you don't look as ill as and energetic or just came up

YOUR JOB: To make sure your doctor doesn't get the wrong first impression of your situation.

WHAT TO DO: "Don't hide how you feel," advises Dr. Groopman. "If someone is pale and anemic I don't want her coming in with rouge on her cheeks. We need patients to help us think, both in terms of giving us information and keeping us from making errors."

"Let your doctor know what you are most concerned about at the start of the visit," advises Dr. Frankel. "That will CONTINUED

3 Signs Your Doctor Is a Good Listener

During the course of a career, a doctor conducts on average 120,000 to 160,000 patient interviews. Good diagnosticians ask the kinds of questions that help you tell your story in a way that provides the clues they need to find out what's wrong with you. Here's how to tell if your doctor is truly listening to you:

1 She asks the right kind of questions. A good doctor asks open-ended questions that prompt you to discuss your symptoms and provide more detail. Examples: "What would you like help with today?" "Can you describe your pain for me?" Too many close-ended ones—the type that can be answered with a simple yes or no—can prevent you from describing your symptoms in detail. It's fine if a physician interjects a close-ended question to clarify a point and then lets you continue speaking. Example: "So your knee pain only happens when you go down the stairs?" But you don't just want to be running down a checklist. If your doctor doesn't ask for more details, take the initiative. Explain, for example, what your knee pain feels like, when it flares up, when it started, and why you are concerned.

2 She uses continuers. These comments signal that your doctor is listening and encouraging you to go on. Examples: "*Uh huh*." "I see." "Go on." "Tell me more." Your doctor may also send nonverbal signals that you should continue speaking—nodding her head, making eye contact, leaning forward, and remaining quiet.

3 She uses elaborators. These remarks echo what you've said so that you know she has understood you—and they prompt you to keep talking. Example: You say, "I feel dizzy sometimes." The doctor responds, "Tell me more about your dizzy spells." —*C.W.*



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1. Wei-Hsiu Hsu, *et al.* Differences in [illegible] Joint Stiffness of the Knee Between Genders. *Am J Sports Med.* May 2006; 34 [illegible]: 765-770.

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The Right Responses to Rude Remarks

If your doctor is making snarky or otherwise inappropriate or dismissive comments, you might feel like [illegible] you want to salvage the relationship, you should speak up. We asked doctor-patient [illegible] expert Richard Frankel, Ph.D., professor of medicine and geriatrics at the Indiana University School [illegible] how to respond to the most insensitive remarks our staff and readers have heard from their doctors.

"Oh, you brought your Internet printouts. Great, that's always a waste of my time."
What's probably grating on your doctor's nerves is the false information patients find on the Internet's vastly unedited database. If that's the case, ask him to recommend sites that have high-quality health information. If his objection is that he doesn't have time to explain in depth, use the response to the next question.

"I'm the one with the M.D. and I don't have time to teach you anatomy."
Don't stoop to the doctor's level; instead, say "Yes, you do have the M.D. That's exactly why I'm here. I have the condition and I'm eager to be an informed consumer. Let's find a compromise."

"You're really a hypochondriac."
"A physician should never call someone a hypochondriac even as a joke," says Dr. Frankel. Turn the situation around by asking politely what she means: "How should I interpret that remark? Do you think my condition is less serious than it seems to me?"

"You're just stressed."
That could be true, but you need to know that whatever is ailing you is not a sign that something is physically wrong. Say: "It feels like you're giving this problem short shrift. Could you tell me more about what causes X?" Don't be combative or defensive, but if you're not satisfied, ask for a recommendation for a second opinion. Researching your problem will arm you with specifics about your condition.

"Why did you let yourself get so fat?"
Don't let the doctor off the hook, but realize there may be a medical point. Refocus your talk: "That's very insulting, even if you didn't mean it that way. Do you have medical concerns about my weight that I should know about?"

"Oh, please. This can't be hurting you that much!"
Telling your doctor he's wrong here will not only put him in his place but could also teach him something new about the procedure or his technique, says Dr. Frankel. Stand up for yourself: "I beg to differ; this is really painful!" If you have the procedure a lot and his technique doesn't improve, find someone gentler.

"If you won't have this test/get this surgery/take this pill, don't come back, as I can't help you."
And maybe you shouldn't go back. When your doctor's truly rude, your best recourse may be something like: "What you're saying is insulting my intelligence. I do have alternatives." If things don't improve, find one. Then consider reporting the doctor to a patient advocate or practice manager (you can find one in most hospitals and private practices).

—Mego Lien

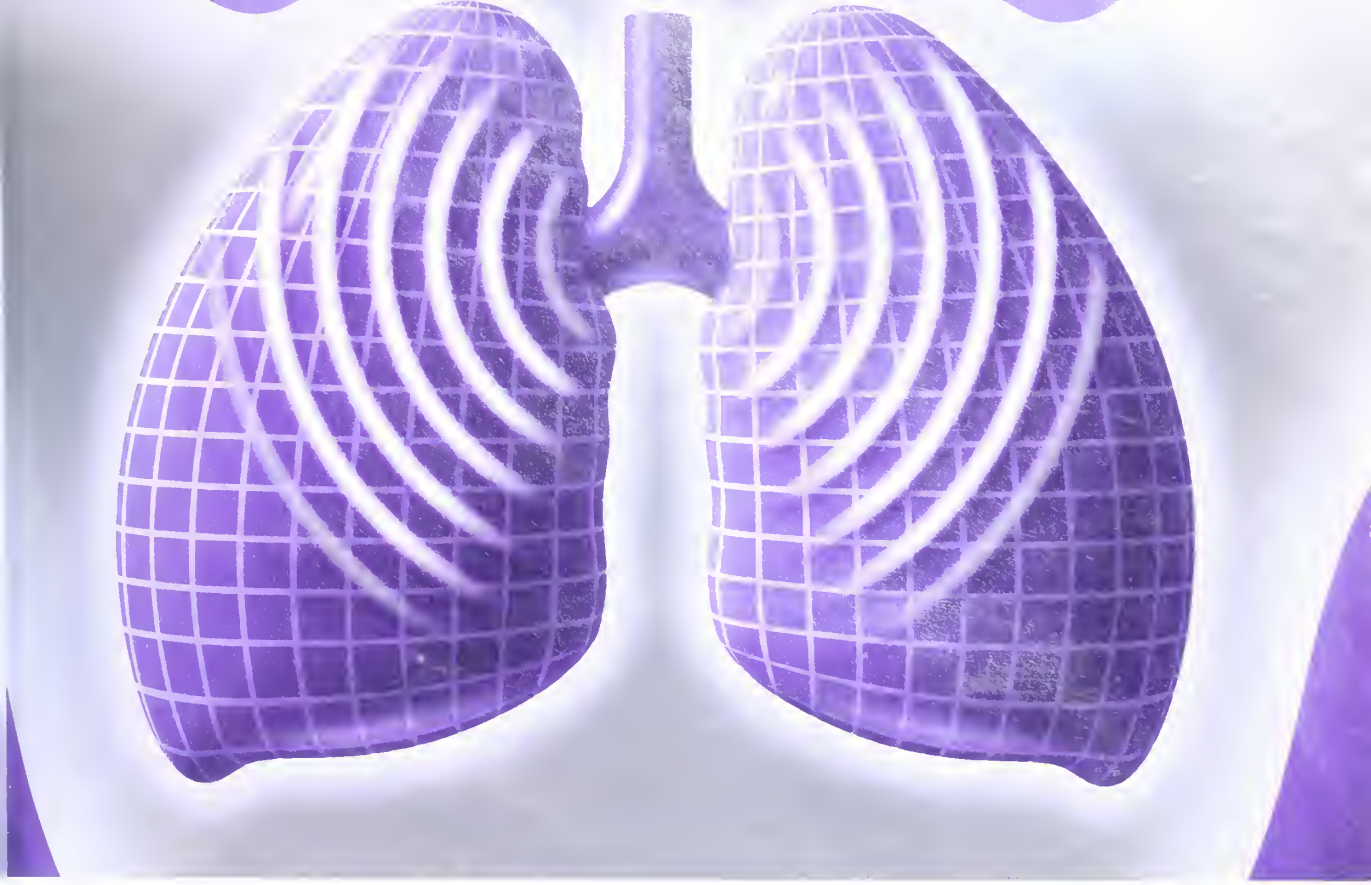
almost always ensure that your doctor will listen more carefully."

Describe your symptoms concisely but thoroughly. It's not [illegible] I feel lousy" or "my shoulder hurts." Instead say "I [illegible] five days ago and I get a pain in my stomach [illegible] I eat." Or, "I have a dull ache in my shoulder. [illegible] I do five days a week—I feel a sharp pain."

[illegible] VISION

[illegible] bias" and it means the doctor [illegible] symptoms that confirm the [illegible] he or she may lock on [illegible] health problem and fail [illegible] g. there's facts that contradict it—or fail to seek those facts.

For example, you make an appointment to discuss the chest discomfort you've been experiencing because you're afraid you could be having a heart attack. Your doctor suspects heartburn, a diagnosis your symptoms support, but doesn't order tests for heart disease. "Doctors often look for confirmatory evidence so they don't have to keep looking further," admits Mehmet Oz, M.D., director of the Cardiovascular Institute at New York Presbyterian Hospital/Columbia University CONTINUED ON PAGE 142



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ADVAIR works differently than other COPD medications. It is the only product with an anti-inflammatory and a bronchodilator working together to help improve lung function. Talk to your doctor and find out if ADVAIR is right for you.

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It is not known how anti-inflammatories work in COPD.

Important Information: ADVAIR DISKUS 250/50 is approved for controlling symptoms and preventing wheezing in adults with COPD associated with chronic bronchitis. The benefit of using ADVAIR DISKUS for longer than 6 months has not been evaluated. You should only take 1 inhalation of ADVAIR DISKUS 250/50 twice a day. Taking higher doses will not provide additional benefits but may increase your chance of certain side effects. Lower respiratory tract infections, including pneumonia, have been reported with ADVAIR. Patients at risk for developing bone loss (osteoporosis) and some eye problems (cataracts or glaucoma) should be aware that use of inhaled corticosteroids, including ADVAIR DISKUS, may increase your risk. You should consider having regular eye exams. ADVAIR DISKUS does not replace fast-acting inhalers for acute symptoms.

†Measured by a breathing test in people taking ADVAIR 250/50, compared with people taking either fluticasone propionate 250 mcg or salmeterol 50 mcg. Maximum effects may take several weeks. Your results may vary.

See advairCOPD.com for eligibility rules

Please see accompanying Important Information about ADVAIR DISKUS 250/50.

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(fluticasone propionate and salmeterol 50 mcg inhalation powder)

What is the most important information I should know about ADVAIR DISKUS?

In patients with asthma, long-acting beta$_2$-agonists, such as salmeterol (one of the medications in ADVAIR), may increase the risk of severe asthma episodes or death from asthma problems. In a large asthma study, more patients who used salmeterol or other long-acting beta$_2$-agonists died from asthma problems than patients who did not use salmeterol. So ADVAIR is not for patients whose asthma is adequately controlled on low- or medium-dose inhaled corticosteroid medicine such as low- to medium-dose ADVAIR, or who only need asthma medicine on an as-needed basis. Talk with your doctor about this risk and the benefits of taking ADVAIR.

ADVAIR is also not for people with chronic obstructive pulmonary disease (COPD) who do not have symptoms of moderate to severe COPD.

ADVAIR is not a rescue medicine for sudden breathing problems. Always have a fast-acting inhaler with you to treat sudden symptoms. If you do not have a fast acting inhaler, contact your doctor to prescribe one for you.

What is ADVAIR DISKUS?

ADVAIR DISKUS contains fluticasone propionate, an inhaled anti-inflammatory belonging to a group of medicines commonly referred to as corticosteroids, and salmeterol, a long-acting, inhaled bronchodilator belonging to a group of medicines commonly referred to as beta$_2$-agonists. There are 3 strengths of ADVAIR: 100/50, 250/50, 500/50.

For Asthma

- ADVAIR is approved for the maintenance treatment of asthma in patients 4 years of age and older. ADVAIR should only be used if your doctor decides that another asthma controller medicine alone does not control your asthma or that you need 2 asthma controller medications.
- The strength of ADVAIR approved for patients ages 4 to 11 years who experience symptoms on an inhaled corticosteroid is ADVAIR DISKUS 100/50. All 3 strengths are approved for patients with asthma ages 12 years and older.

For COPD associated with chronic bronchitis

ADVAIR 250/50 is the only approved dose for the maintenance treatment of airflow obstruction in patients with COPD associated with chronic bronchitis. The benefit of using ADVAIR for longer than 6 months has not been evaluated. The way anti-inflammatories work in the treatment of COPD is not well defined.

Who should not take ADVAIR DISKUS?

You should not start ADVAIR if your asthma is becoming significantly or rapidly worse, which can be life threatening. Serious respiratory events, including death, have been reported in patients who started taking salmeterol in this situation, although it is not possible to tell whether salmeterol contributed to these events. This may also occur in patients with less severe asthma.

You should not take ADVAIR if you have had an allergic reaction to it or any of its components (salmeterol, fluticasone propionate, or lactose). Tell your doctor if you are allergic to ADVAIR, any other medications, or food products. If you experience an allergic reaction after taking ADVAIR, stop using ADVAIR immediately and contact your doctor. Allergic reactions are when you experience one or more of the following: choking, breathing problems, swelling of the face, mouth and or tongue, rash, hives, itching, or welts on the skin.

Tell your doctor about the following:

- If you are using your fast-acting inhaler more often or using more doses than you normally do (e.g., 4 or more inhalations of your fast-acting inhaler for 2 or more days in a row or a whole canister of your fast acting inhaler in 8 weeks' time). It could be a sign that your asthma is getting worse. If this occurs, tell your doctor immediately.
- If you have been using your fast acting inhaler regularly (e.g., four times a day). Your doctor may tell you to stop the regular use of these medications.
- If your peak flow meter results decrease. Your doctor will tell you the numbers that are right for you.
- If you have asthma and your symptoms do not improve after using ADVAIR regularly for 1 week.
- If you have been on an oral steroid, like prednisone, and are now using ADVAIR. You should be very careful as you may be less able to handle after surgery, infection, or serious injury. It takes a number of months for the body to recover its ability to make its own steroid hormones after use of oral steroids. Switching from an oral steroid may also unmask a condition previously suppressed by the oral steroid such as allergies, conjunctivitis, eczema, arthritis, and eosinophilic condition. Symptoms of an eosinophilic condition can include rash, worsening breathing problems, heart complications, and/or feeling pins and needles or numbness in the arms and legs. Talk to your doctor immediately if you experience any of these symptoms.
- Sometimes patients experience unexpected bronchospasm right after taking ADVAIR. This condition can be life threatening and if it occurs, you should immediately stop using ADVAIR and seek immediate medical attention.
- If you have any type of heart disease such as coronary artery disease, irregular heart beat or high blood pressure, ADVAIR should be used with caution. Be sure to talk with your doctor about your condition because salmeterol, one of the components of ADVAIR, may affect the heart by increasing heart rate and blood pressure. It may cause palpitations, heart fluttering, chest pain, rapid heart rate, tremor, or nervousness.
- [illegible] have thyroid, liver problems or are sensitive to certain medications for breathing.
- [illegible] your fast acting inhaler does not work as well for you while using ADVAIR, you should quickly get emergency medical care.
- If you [illegible] have chickenpox or measles or if you have an immune system problem, you [illegible] system are more likely to get infections than healthy [illegible] propionate, which may weaken the immune system. [illegible] can be very serious or even fatal in susceptible patients using [illegible].

How should I take ADVAIR DISKUS?

[illegible] ADVAIR should never be taken more than [illegible] 1 week or longer.

[illegible] at your [illegible] time. Do not take two doses at [illegible]

[illegible]

- [illegible]
- [illegible]
- [illegible]
- [illegible]
- [illegible]

Can I take ADVAIR DISKUS with other medications?

Tell your doctor about all the medications you take, including prescription and nonprescription medications, vitamins, and herbal supplements.

If you are taking ADVAIR DISKUS, do not use other long-acting beta$_2$-agonist–containing medications, such as SEREVENT® DISKUS or Foradil® Aerolizer,® for any reason.

If you take ritonavir (an HIV medication), tell your doctor. Ritonavir may interact with ADVAIR and could cause serious side effects. The anti-HIV medicines Norvir® Soft Gelabn Capsules, Norvir Oral Solution, and Kaletra® contain ritonavir.

No formal drug interaction studies have been performed with ADVAIR.

In clinical studies, there were no differences in effects on the heart when ADVAIR was taken with varying amounts of albuterol. The effect of using ADVAIR in patients with asthma while taking more than 9 puffs a day of albuterol has not been studied.

ADVAIR should be used with extreme caution during and up to 2 weeks after treatment with monoamine oxidase (MAO) inhibitors or tricyclic antidepressants since these medicabions can cause ADVAIR to have an even greater effect on the circulatory system.

ADVAIR should be used with caution in people who are taking ketoconazole (an antifungus medication) or other drugs broken down by the body in a similar way. These medications can cause ADVAIR to have greater steroid side effects.

Generally, people with asthma should not take beta-blockers because they counteract the effects of beta$_2$-agonists and may also cause severe bronchospasm. However, in some cases, for instance, following a heart attack, selective beta-blockers may still be used if there is no acceptable alternative.

The ECG changes and/or low blood potassium that may occur with some diuretics may be made worse by ADVAIR, especially at higher-than-recommended doses. Caution should be used when these drugs are used together.

In clinical studies, there was no difference in side effects when ADVAIR was taken with methylxanthines (e.g., theophylline) or with FLONASE® (fluticasone propionate).

What are other important safety considerations with ADVAIR DISKUS?

Osteoporosis: Long-term use of inhaled corticosteroids may result in bone loss (osteoporosis). Patients who are at risk for increased bone loss (tobacco use, advanced age, inactive lifestyle, poor nutrition, family history of osteoporosis, or long-term use of drugs such as corticosteroids) may have a greater risk with ADVAIR. If you have risk factors for bone loss, you should talk to your doctor about ways to reduce your risk and whether you should have your bone density evaluated.

Glaucoma and cataracts: Glaucoma, increased pressure in the eyes, and cataracts have been reported with the use of inhaled steroids, including fluticasone propionate, a medicine contained in ADVAIR. Regular eye examinations should be considered if you are taking ADVAIR.

Lower respiratory tract infection: Lower respiratory tract infections, including pneumonia, have been reported with the use of inhaled corticosteroids, including ADVAIR.

Blood sugar: Salmeterol may affect blood sugar and/or cause low blood potassium in some patients, which could lead to a side effect like an irregular heart rate. Significant changes in blood sugar and blood potassium were seen infrequently in clinical studies with ADVAIR.

Growth: Inhaled steroids may cause a reduction in growth velocity in children and adolescents.

Steroids: Taking steroids can affect your body's ability to make its own steroid hormones, which are needed during infections and times of severe stress to your body, such as an operation. These effects can sometimes be seen with inhaled steroids (but it is more common with oral steroids), especially when taken at higher-than-recommended doses over a long period of time. In some cases, these effects may be severe. Inhaled steroids often help control symptoms with less side effects than oral steroids.

Yeast infections: Patients taking ADVAIR may develop yeast infections of the mouth and/or throat ("thrush") that should be treated by their doctor.

Tuberculosis or other untreated infections: ADVAIR should be used with caution, if at all, in patients with tuberculosis, herpes infections of the eye, or other untreated infections.

What are the other possible side effects of ADVAIR DISKUS?

ADVAIR may produce side effects in some patients. In clinical studies, the most common side effects with ADVAIR included:

- Respiratory infections
- Throat irritation
- Hoarseness
- Sinus infection
- Yeast infection of the mouth
- Bronchitis
- Cough
- Headaches
- Nausea and vomiting
- Diarrhea
- Musculoskeletal pain
- Dizziness
- Fever
- Ear, nose, and throat infections
- Nosebleed

Tell your doctor about any side effect that bothers you or that does not go away. These are not all the side effects with ADVAIR. Ask your doctor or pharmacist for more information.

What if I am pregnant, planning to become pregnant, or nursing?

Talk to your doctor about the benefits and risks of using ADVAIR during pregnancy, labor, or if you are nursing. There have been no studies of ADVAIR used during pregnancy, labor, or in nursing women. Salmeterol is known to interfere with labor contractions. It is not known whether ADVAIR is excreted in breast milk, but other corticosteroids have been detected in human breast milk. Fluticasone propionate, like other corticosteroids, has been associated with birth defects in animals (e.g., cleft palate and fetal death). Salmeterol showed no effect on fertility in rats at 180 times the maximum recommended daily dose.

What other important tests were conducted with ADVAIR?

There is no evidence of enhanced toxicity with ADVAIR compared with the components administered separately. In animal studies with doses much higher than those used in humans, salmeterol was associated with uterine tumors. Your healthcare professional can tell you more about how drugs are tested on animals and what the results of these tests may mean to your safety.

For more information on ADVAIR DISKUS

This page is only a brief summary of important information about ADVAIR DISKUS. For more information, talk to your doctor. You can also visit www.ADVAIR.com or call 1-888-825-5249. Patients receiving ADVAIR DISKUS should read the medication guide provided by the pharmacist with the prescription.

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ADMITTEDLY, WE'RE BAD AT SUMMATION.



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WHEN CARE GOES SERIOUSLY WRONG

Waiting over an hour for your appointment or being addressed in a sloppy manner by staff are annoyances to take up with your doctor (see "Can This Doctor-Patient Relationship Be Saved?" page 150). But if you believe you received seriously incorrect or sloppy care or got treatment that actually caused you harm, think about reporting it to your state's medical board. You should also report "a physician's use of abusive or sexual language or inappropriate touch," notes James N. Thompson, M.D., president and CEO of the Federation of State Medical Boards, in Dallas.

Filing a complaint with a state medical board isn't a substitute for legal action. If you think you have grounds for a malpractice suit, you may also want to consult an attorney. But documenting your bad experience with a state medical board can result in a doctor being disciplined and may help alert future patients.

To start, go to *www.fsmb.org*, the Web site of the Federation of State Medical Boards, for a link to your state's board, which will then direct you to its specific complaint procedures. The first step is usually to fill out a form.

Once a complaint is received, there's a three-step process: First, the board decides whether to act on it. If it rejects action, you should expect a written explanation. If it goes ahead, step two, the physician is usually notified and an investigation gathers witness statements and medical reports. Last step, a formal determination: The state medical board either dismisses your complaint or disciplines the doctor. Actions may be as mild as a public reprimand (the board simply tells the doctor he did something wrong) or it can be more severe: probation, suspension for one month to five years, or complete revocation of a doctor's license to practice medicine in the state.

Could your doctor sue you for reporting him or her, especially if the medical board does not pursue your complaint or dismisses it? Says Dr. Thompson: "I am unaware of any circumstance in which a doctor has sued a patient for filing a complaint with a state medical board. That, of course, does not mean it cannot or has not happened."

—Janis Graham

Medical Center and coauthor of *You: The Smart Patient.*

YOUR JOB: To get your doctor to consider other possibilities.

WHAT TO DO: Pay attention to how your doctor processes the symptoms you're describing. "If your doctor interrupts you to get more specific information and then encourages you to keep going, that's fine," says Dr. Groopman. But if you are interrupted and the doctor says, "I think you have X," your response should be: "But I want to make sure I tell you everything that is going on."

"If you don't," Dr. Groopman explains, "that deprives the doctor of the full breadth of information he or she needs to come to a good working diagnosis. It could be the fourth symptom on your mind that will be the key clue."

If you aren't satisfied with the doctor's diagnosis, say something like: "Please help me understand. These symptoms are bothering me, and I'm concerned that something serious might be [illegible] could we just go over things again?"

[illegible], M.D., associate dean for educational [illegible] at the University of Rochester School of [illegible] New York.

[illegible] to explain her reasoning [illegible] says: "It seems as though your chest pain is sharp, but heart pain is dull. You don't have shortness of breath, which is common with heart problems." If you're still not convinced, ask for further steps to be made to clarify the situation. A 2005 study at the University of Arkansas for Medical Sciences found that many women who eventually suffered heart attacks had been initially diagnosed with stress.

THE "EVERYONE HAS IT" TRAP

Your doctor's diagnosis may be influenced by what is going on in the community, a bias called "availability" because it means the tendency to choose the likeliest, top-of-mind explanation. Say you have a fever, ache all over and have an upset stomach. It's flu season and your doctor's waiting room is filled with flu cases. It stands to reason that you have the flu, too. But maybe you don't. The main reason doctors fall into this trap: "premature closure," the failure to consider other CONTINUED

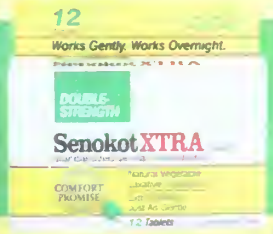


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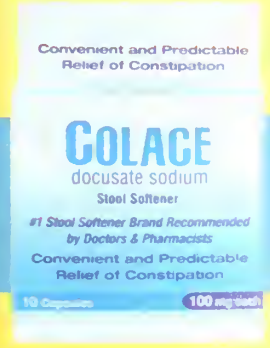
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[illegible] initial diagnosis is made, according to research [illegible] *Medicine*.

YOUR JOB: To make your case stand out if you think something else might be wrong.

WHAT TO DO: Dr. Epstein says you should say something like: "I know you think it's the flu but I have had the flu before and this feels different. Could something else be wrong?" An *Archives of Internal Medicine* study suggests that one way a doctor can minimize cognitive errors is to assume a diagnosis is incorrect and ask herself, "If this were anything but the flu, what would it be?" Try asking your doctor, "If the flu weren't going around, what other conditions would you consider?" says Dr. Epstein.

Health
Our search engine will lead you to credible health information that has been vetted by a doctor. Hunt for health topics at **www.lhj.com/health**

LAWS OF AVERAGES

One diagnostic tool physicians use more and more is evidence-based medicine, which was developed to help them boil down research on different illnesses and treatments and apply it to individual cases. The doctor uses algorithms, comparing your symptoms with charts compiled by medical organizations to arrive at a diagnosis and the treatments that work best. Most of the time this helps physicians make the correct diagnosis. "They are useful, evidence-based reference points," says Dr. Groopman. Problem is, they may not fit your case, especially if the treatment plan you've been following isn't making you better.

YOUR JOB: To get your doctor to look further.

WHAT TO DO: Say, "I don't seem to be getting better. Is there something else we should look at, or do I need to wait longer for the treatment to work?" You can't always tell immediately whether your approach is right. "Ask your doctor how long it should take for your symptoms to improve," says Dr. Epstein.

Another reason to look further: New research can change the algorithm. In an ongoing study, doctors came to fully understand coronary microvascular syndrome (CMS). This spasm of small blood vessels, which is more common in women, causes the symptoms of [illegible] even though arteries look clear on the [illegible] old algorithms, a woman with CMS [illegible] hen, in fact, she is at high risk

[illegible] SOON

[illegible] cause of an illness, they [illegible] "satisfaction of search."

Often this is completely reasonable. "A doctor can't consider every possibility," says Kate Lorig, R.N., Dr.P.H., director of the Stanford Patient Education Research Center at Stanford University School of Medicine. "Doing so could unnecessarily cost several hundred thousand dollars in diagnostic tests, many of which are dangerous." But by calling off a search too soon he may miss something key.

YOUR JOB: To ask whether all possibilities have been considered.

WHAT TO DO: Say, "Is it possible I could have more than one problem?" "Could this be something else?" The recent discovery that early ovarian cancer has symptoms (bloating, frequent or urgent urination, pelvic or abdominal pain) that resemble other more-benign conditions, such as irritable bowel syndrome and incontinence, is a reminder to all women to keep pushing if your symptoms are recurring, painful or unusual.

While it's your doctor's responsibility to rule out other alternatives, reflective questions asked by patients can sometimes trigger a new perspective on the problem. "Sometimes I wake up in the middle of the night and think about a patient and say, 'Wait a second. Something doesn't fit,'" says Dr. Epstein. "Making a diagnosis is like solving a Sherlock Holmes mystery. If there is one little detail that doesn't work, it can change the whole picture."

And that leads to one final point: When you're meeting with your doctor, discuss your most-important health issues first. Many patients disclose their most bothersome problem just as they are about to leave the examination room. The psychology of this is understandable, especially if the situation is scary or embarrassing. But even the best doctor can't do her best unless patients are forthright.

Don't ignore your hunger. Wrap it up at the Beach.



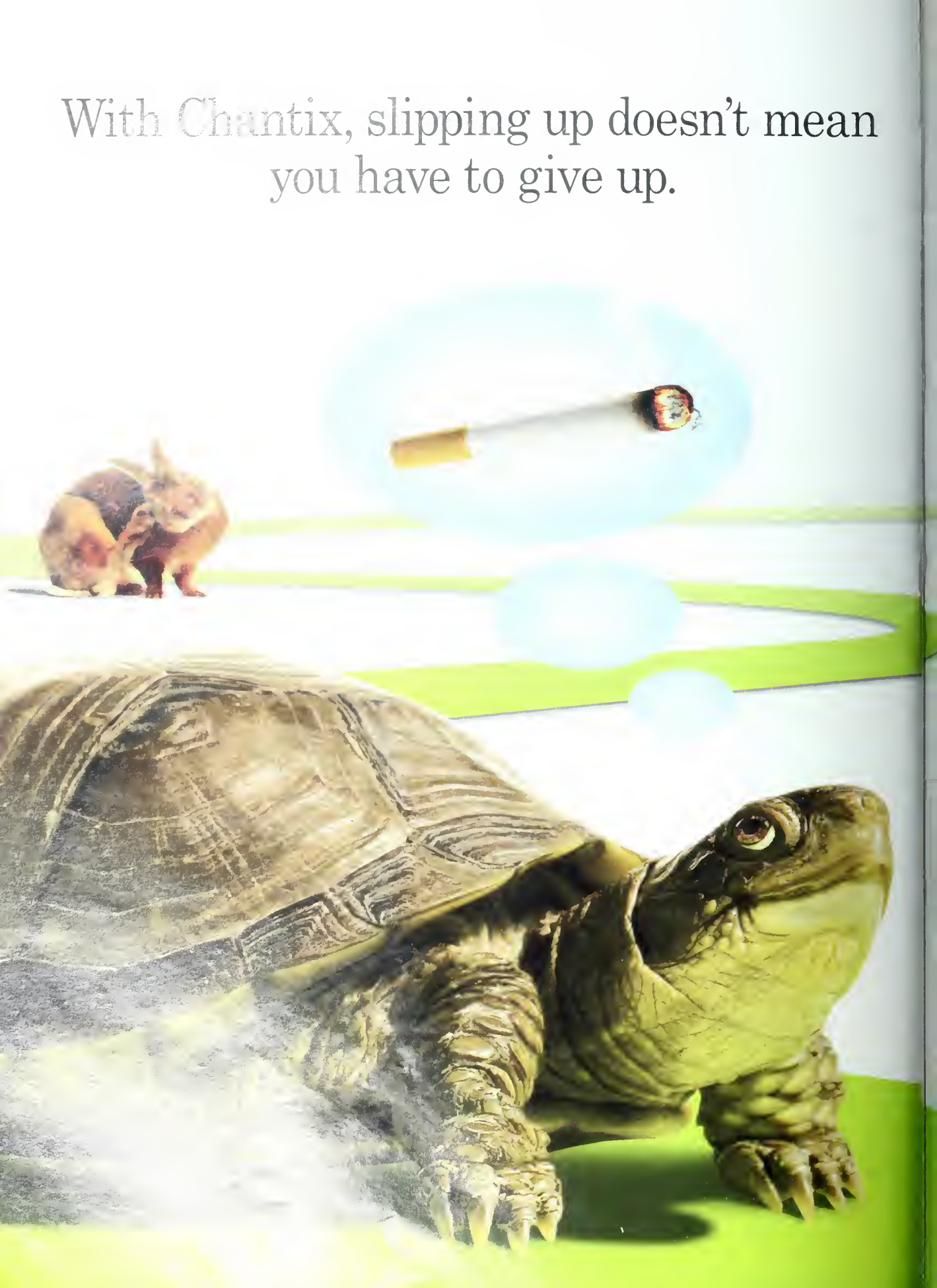


Studies show protein and fiber help fight hunger.

That's why you'll find 25g of protein and 15g of fiber in our Southwestern Style Chicken Wrap.

Life is better on the Beach.

With Chantix, slipping up doesn't mean you have to give up.



You should know about prescription Chantix (varenicline).
If you've tried to quit smoking before, you know that on the road to quitting, slip-ups can happen. Keep trying. And get back on track.

Chantix offers a 2 part approach:



1. The prescription Chantix medicine helps keep nicotine from reaching key receptors in the brain.
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If you're ready to quit, Chantix can help. It can effectively reduce that urge to smoke. Studies show 44% reached their quitting goal at the end of 12 weeks on Chantix (vs. 18% on placebo).

Take the first step. Ask your doctor about Chantix.

Log onto chantix.com or call 1-888-CHANTIX.

CHANTIX is one treatment option you and your doctor can consider. The most common side effects include nausea (30%), trouble sleeping, changes in dreaming, constipation, gas and/or vomiting. If you have side effects that bother you or don't go away, tell your doctor.

CHANTIX is for adults and should not be taken with other quit smoking medicines. You may need a lower dose of CHANTIX if you have kidney problems or get dialysis.

Before starting CHANTIX, tell your doctor if you are pregnant, plan to become pregnant, or if you take insulin, asthma medicines or blood thinners. Medicines like these may work differently when you quit smoking.

Please see important patient summary of information on the next page.

prescription
CHANTIX
(varenicline) TABLETS
It's all about getting there.



Uninsured? Need help paying for Pfizer medicine?
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or visit www.PfizerHelpfulAnswers.com.

helpful answers

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IMPORTANT FACTS

(Chan-tix)

TABLETS

ABOUT QUITTING SMOKING

Quitting smoking is hard for most people because.

- Nicotine in cigarettes causes physical addiction.
- Some psychological and emotional triggers can make you want to smoke.

Talk to your doctor about ways to help you quit smoking, including counseling and support programs.

ABOUT CHANTIX

- CHANTIX is a prescription medicine that helps adults stop smoking.
- In studies, it reduced the urge to smoke.

BEFORE YOU START USING CHANTIX

Tell your doctor about all your medical conditions.
Tell your doctor if you:

- Have kidney problems or get kidney dialysis. You may be prescribed a lower dose of CHANTIX.
- Are pregnant or plan to get pregnant. CHANTIX has not been studied in pregnant women. It is not known if CHANTIX can hurt your unborn baby. It is best to stop smoking before you get pregnant.
- Are breast-feeding. Although not studied, CHANTIX may pass through breast milk. Talk with your doctor about other ways to feed your baby if you take CHANTIX.

Tell your doctor about all your medicines. Include over-the-counter medicines, vitamins, and herbal products. Be sure to tell your doctor if you take:

- insulin
- asthma medicine
- blood thinners

When you stop smoking, your dose of these medicines may need to change.

POSSIBLE SIDE EFFECTS OF CHANTIX

The most common side effects of CHANTIX are:

- nausea

[illegible] sleeping, changes in dreaming)

[illegible] CHANTIX [illegible] pharmacist.

[illegible] machinery until [illegible] CHANTIX

may [illegible]

WHO IS CHANTIX FOR?

Who should use CHANTIX:

- Adults who want to stop smoking

Who should NOT use CHANTIX:

- Anyone who is allergic to varenicline tartrate (the active ingredient in CHANTIX) or anything else in CHANTIX
- CHANTIX has not been studied in patients under 18 years.

HOW TO USE CHANTIX

1. Choose a **quit date** to stop smoking.
2. Start CHANTIX 1 week (7 days) before your **quit date.**
   - You can smoke until your **quit date.**
   - Stop smoking *on or before* your **quit date.**
3. Take CHANTIX after eating. Take CHANTIX with a full glass (8 ounces) of water.
4. Take CHANTIX for up to 12 weeks.
5. If you have completely quit smoking by 12 weeks, ask your doctor if another 12 weeks of CHANTIX will help you stay quit.
6. Do not stop taking CHANTIX. Even if you slipped up and smoked, you can keep taking CHANTIX. Some people need a few weeks for CHANTIX to work best.

HOW TO TAKE CHANTIX

CHANTIX comes as a white tablet (0.5 mg) and a blue tablet (1 mg).

- Take the white tablet the first 7 days (first week).
- Take the blue tablet for the rest of the treatment.

Day 1 to Day 3	***white*** tablet: 1 tablet each day
Day 4 to Day 7	***white*** tablet: 1 in the morning AND 1 in the evening
Day 8 to end of treatment	***blue*** tablet: 1 in the morning AND 1 in the evening

- This dosing schedule may not be right for everyone. Talk to your doctor if you are having side effects such as nausea or sleep problems. Your doctor may want to reduce your dose.

NEED MORE INFORMATION?

This is only a summary of important information. Ask your doctor or pharmacist for complete product information, *or*

- Go to **www.CHANTIX.com**, *or*
- Call **1-877-CHANTIX (877-242-6849)**.

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Revision May 2007



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Can This Doctor-Patient *Relationship Be Saved?*



A world-renowned internist gives *her* view of why things don't always go so well in the doctor's office

As a professor of medicine and an internist with a busy New York office, I hear a great deal about what patients want from their doctors. It seems there's more than enough dissatisfaction and disappointment to go around. Of course, most patients want to have a good relationship with their doctor, and most doctors try their best. I offer these thoughts from the other side of the desk about how patients can help doctors do their job well—and what the patient does, usually unintentionally, that keeps the relationship from being effective.

NOT TELLING YOUR STORY CLEARLY

It helps to put your thoughts in order before you arrive at the office. Try to give your doctor all the health information that's relevant. For example, if you smoke, don't be embarrassed to tell her; she's not the cigarette police. If you are concerned that perhaps you drink too much, ask. I won't be shocked; there's very little an experienced physician hasn't heard. If something specific is troubling you, describe it in as much detail as possible, including when the problem started. "I have a headache" doesn't say as much as: "I have a dull, throbbing pain in my forehead that began four days ago. Tylenol relieves it only briefly and I find it difficult to sleep because of the pain. I've never had this kind of headache before."

A doctor's job is to listen carefully, ask the kinds of questions that help her decide the cause of the problem and never let her own attention wander. [illegible] percent of diagnoses are made on the basis of the [illegible]

[illegible]NING ROOM

[illegible] member with them [illegible]ded.

By Marianne J. Legato, M.D.

being explained or you're going over a treatment plan, the actual physical exam is a very personal experience. Often details of your situation will emerge that you might not be happy having revealed in front of another person. There are exceptions: I will always ask a family member or friend to help when the patient seems confused or overwhelmed by anxiety or if he or she is fragile and needs help with dressing.

NOT FOLLOWING THE DOCTOR'S RECOMMENDATIONS

If you don't want to take medications your doctor just prescribed, have a particular test or recommended surgery or don't think you can follow suggestions offered about such difficult issues as weight loss or physical conditioning, say so! It's much better than throwing away the prescription as soon as you leave the office. A useful and rewarding doctor–patient relationship is a collaboration, and a good doctor can be trusted not to become irritated or abandon you if you want to modify a treatment plan. She also listens when you report that a treatment isn't working or



makes you feel even worse than the original ailment. There is usually another approach to try. But it's important to talk first, not least of all because sometimes quitting a medication abruptly can be harmful.

POOR TELEPHONE ETIQUETTE

My office logs more than 200 calls a day from patients; routine ones should be returned the same day. The patient who calls five minutes after requesting a prescription to find out why her pharmacist didn't get it yet (this happens) is being unreasonable.

The other most irritating thing that happens (and it's very frequent) is when a doctor returns a patient's call, sometimes within moments, only to be met with an answering machine. I have to call an average of three telephone numbers for each patient I try to reach, and I often get a machine at every one of them. Telephone tag can be almost eliminated by just being there when you said you would be and answering the call yourself! Or leave a cell number and carry that phone.

Keep your conversation short and focused. One of the things I hear most, believe it or not, is "I just want to ask you a quick question," which expands into three questions and is anything but quick! Phone calls work best for [illegible] questions ("Do I need sea sickness pills for my 12 day cruise?"). It's also fine to call for a prescription renewal—giving the prescription details and phone number of the pharmacy—or to ask the doctor to call in a prescription for a drug that has worked in the past for a recurrent problem.

Complex health issues, however, require face-to-face assessment. A cough may be a relatively trivial part of a simple cold—or it may signal pneumonia. The treatment is very different. If your doctor asks you to come in, agree to do so. She's not trying to gouge you, she's just making sure you get the right treatment.

E-MAIL-ITIS

Increasingly, patients seem to expect to be able to communicate with their doctors electronically. Many of my colleagues simply don't practice medicine by e-mail. I don't think it's the best way to communicate health information and I will reply to patients by e-mail only in special circumstances (if they are a continent away and need emergency advice, for example). Most doctors receive hundreds of messages a day; to add patient queries or comments to what we already get would be simply overwhelming.

Also, the tone of e-mail can seem very curt and off putting. A conversation is much more responsive to the patient's needs and more accurately expresses what the doctor intends to say.

LEAVING WITHOUT SAYING WHY

Many articles advise that if you are dissatisfied with your doctor, find another one. Here's a different suggestion: Have a frank talk with your physician before abandoning her. In the first place, she might learn something important from your comments; second, like all relationships, this one might improve with some tailoring. Don't be rude, but be clear if something has upset you; most of us are mature enough to listen and apologize if it's in order.

If part of the problem is your feeling that office staff treats you rudely or blocks access to the doctor, say so. My patients have, at times, felt coldly or rudely treated. I am always ready to hear what happened and have no issue with trying to correct a problem I think is real. Staffers are the patient's first contact with the office; courtesy and good manners are essential. But that works both ways: I have heard the rude tone and unpleasant tirades to which patients sometimes expose my staff, and in those instances, I never hesitate to ask the patient to treat the staff as they would me. Doctors cannot solve all problems, relieve all pain and guarantee you perfect happiness. But we have had years of long, demanding training and usually do our best to help our patients. Clear, respectful and focused communication between doctor and patient is the most important ingredient in a successful relationship. Both of us are responsible for achieving this.

Why Chronic Constipation slow you down?*





What can you expect when you move to AMITIZA?

- AMITIZA can give ongoing relief[‡] from the symptoms of Chronic Constipation, such as abdominal discomfort and bloating
- On the first day of taking AMITIZA, a major of people had a bowel movement[†]
- In studies, as people continued on treatment, they averaged 5 to 6 bowel movements per week[§]
- AMITIZA is an oral gelcap that you take twice a day with food

LUB-00990 E

Important Safety Information: AMITIZA is not for everyone. If you know you have a bowel obstruction, do n take AMITIZA. If you are unsure, your doctor should evaluate your condition before starting AMITIZA. You shou not take AMITIZA if you have severe diarrhea.

AMITIZA has not been studied in pregnant women and should only be used during a pregnancy if the potenti benefits justify the potential risk to the fetus. Women should have a negative pregnancy test before beginnin treatment with AMITIZA and need to practice effective birth control measures. If you are pregnant or becom pregnant while being treated with AMITIZA, talk to your doctor to evaluate the risks.

The most common side effects were nausea, diarrhea, and headache. If nausea occurs, take AMITIZA with food. If yo diarrhea or nausea becomes severe, tell your doctor. These are not all the side effects associated with AMITIZA.

Please [illegible] prescribing information following this ad.

[illegible] king AMITIZA. Individual results may vary.

[illegible] placebo had [illegible] requirements.

AMITIZA can give predictable relief† from Chronic Constipation.

AMITIZA (ah-ma-TEE-zah) is the only prescription medicine approved to treat Chronic Idiopathic Constipation in adults including those over 65. "Idiopathic" means the cause of the constipation is unknown and not due to an underlying illness or medication.



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To save up to $20† and learn more, call 1-866-55-AMITZA or visit AMITIZA.com

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If you or someone you know needs help paying for medicine, call 1-888-4PPA-NOW. Or go to www.pparx.org

Initial U.S. Approval: 2006

BRIEF SUMMARY OF PRESCRIBING INFORMATION: Please see package insert for complete prescribing information

1 INDICATIONS AND USAGE

Amitiza is indicated for the treatment of chronic idiopathic constipation.

2 DOSAGE AND ADMINISTRATION

Take orally with food and fluids.

3 DOSAGE FORMS AND STRENGTHS

Amitiza is available as 24 mcg and 8 mcg soft gelatin capsules imprinted with "SPI" and "24" or "8".

4 CONTRAINDICATIONS

Amitiza is contraindicated in patients with known hypersensitivity to lubiprostone or any of the excipients in Amitiza.

5 WARNINGS AND PRECAUTIONS

5.1 Pregnancy

The safety of Amitiza in pregnant women has not been established. Animal studies do not indicate direct harmful effects with respect to pregnancy or fetal development. Amitiza should only be used during pregnancy if the potential benefit justifies the potential risk to the fetus. Women who could become pregnant should have a negative pregnancy test prior to beginning Amitiza and should be capable of using effective contraception. See *Use in Specific Populations* (8.1).

5.2 Nausea

Patients taking Amitiza experience nausea, usually mild to moderate in intensity. Taking Amitiza with food may decrease the incidence of nausea. See *Adverse Reactions* (6.1).

5.3 Diarrhea

Amitiza should not be given to patients who have severe diarrhea. Patients should discontinue Amitiza if severe diarrhea occurs. Dose reduction may be necessary in patients who experience persistent moderate diarrhea. See *Adverse Reactions* (6.1).

5.4 Bowel Obstruction

Intestinal obstruction has been reported in patients with chronic idiopathic constipation who have a narrowed gastrointestinal tract. Although the relationship between Amitiza and these events is unknown, if patients experience severe abdominal pain or vomiting, they should discontinue treatment with Amitiza.

6 ADVERSE REACTIONS

6.1 Clinical Studies Experience

Because clinical studies are conducted under widely varying conditions, adverse reaction rates observed in the clinical studies of a drug cannot be directly compared to rates in the clinical studies of another drug and may not reflect the rates observed in practice. Adverse reactions in clinical studies, followed by post-marketing studies. The data described below reflect exposure to Amitiza 24 mcg twice daily (48 mcg/day) in 1175 patients (129 at 24 mcg/day and 1113 at 24 mcg twice daily) and 339 patients who received placebo in 3 clinical studies. Of these patients, 336 patients received Amitiza 24 mcg twice daily (48 mcg/day) for 12 months. Amitiza 24 mcg twice daily (48 mcg/day) was generally well tolerated. Most adverse reactions were mild to moderate in severity. Approximately 16% of patients discontinued treatment with Amitiza 24 mcg twice daily (48 mcg/day) and 15% of patients who received placebo discontinued treatment because of adverse reactions. The most frequent adverse reactions leading to discontinuation of Amitiza were nausea (4%) and diarrhea (3%).

Table 1 Percent of Patients with Adverse Reactions in Clinical Studies of Amitiza

System/Adverse Reaction[1]	Placebo N = 316 %	Amitiza 24 mcg Once Daily N = 129 %	Amitiza 24 mcg Twice Daily N = 1113 %	Amitiza Any Dosage[2] N = 1175 %
Gastrointestinal disorders				
				29
				13
				5
				5
				3
Nervous system disorders				
				5
General disorders and administration site conditions				
				3
Respiratory, thoracic and mediastinal disorders				
Dyspnea				3

[1] Includes placebo-controlled and open-label studies.
[2] Includes patients who received 24 mcg twice daily and 24 mcg once daily.
[3] This term comprises gastrointestinal

Holiday Season. Give The Gift Of A Smile.



ardo, 6 months, Peru



Guo Sen, 6 months, China



Kabir, 7 months, Nigeria



hu, 2 years, India



Nisa, 4 years, Indonesia



On, 13 months, Cambodia

children in developing countries are ith cleft lip and palate. Condemned to a pain and suffering.

d news is virtually all of these children can be helped. The Smile Train provides life changing free cleft surgery which takes as little as 45 minutes and costs as little as $250. It gives desperate children not just a new smile—but a new life.

- ❒ $250 Surgery for one child.
- ❒ $125 Half the cost of one surgery.
- ❒ $ 50 Medications for one surgery.
- ❒ $ ___ We'll gratefully accept any amount.

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Credit card # Exp. Date

Signature

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of your donation goes toward programs — 0% goes toward overhead.

uring Pregnancy Can Help Prevent Birth Defects And Clefts Cooking at home can help you control what you eat. Unfortunately, many foods contain high levels of toxins and ods fortified with folic acid. For this reason, women who may have conceived or could be trying to conceive should be sure to take a prenatal vitamin with folic acid ay) during pregnancy to help prevent birth defects and reduce the risk for cleft lip and palate. Visit your doctor at least one month before conceiving. ne first trimester, it has been proven to reduce the risk for neural tube defects by up to 70 percent. Be sure to receive proper prenatal care, quit smoking ealth care provider's guidelines for foods to avoid during pregnancy. Foods to avoid may include raw or undercooked meat, about beef, pork or poultry, ts; fish that contain high levels of mercury, smoked seafood, fish exposed to industrial pollutants, raw shellfish, raw eggs, soft cheeses, unpasteurized ohol; and unwashed vegetables. For more information visit www.SmileTrain.org

A Checkup

Whether you got your doctor's name from a friend, another doctor or your insurance company's approved provider list, it makes sense to do research before you sign up

By Janis Graham

WWW.HEALTHGRADES.COM

The "research physician" feature at this for-profit site provides extremely thorough reports, including doctors' schooling and disciplinary-action history and ratings of local hospitals. Practically the only missing information on this site is which insurance plans a doctor accepts, something the site "expects to have in the future," says HealthGrades spokesman Scott Shapiro.
Cost: A basic Physician's Report is $17.95; malpractice data cost an additional $7.95; seeing how that doctor's fees stack up against national averages, another $3.95. A Physician Comparison Report, contrasting 12 or more doctors in terms of board certification, location and years since graduation from medical school, is $9.95.
Strong points: Information is packaged with hefty doses of explanation and perspective ("fast facts" and "what this means to you" sections). There's a checklist of questions to ask your doctor and data to help determine whether a physician is qualified to handle your specific condition. Reports print out in an easy-to-follow format.
Limitations: Fees can add up.

WWW.RATEMDS.COM

Web users rate their doctors and see how others rate them (1 to 5) on punctuality, helpfulness and knowledge. A place for comments lets you describe what you like (or don't) about a doctor and read what others say.
Cost: Free
Strong points: Robust automatic checks stop profanity and spamming of a doctor by one individual. All posts are reviewed in 24 hours by a real person who deletes the libelous or personal. It's not just a forum for
Limitations:

WWW.DOCINFO.ORG

This site is operated by the Federation of State Medical Boards, which uses its national database as a source. Profiles include details about any disciplinary actions a doctor may have received as well as background on education and licenses.
Cost: $9.95 per profile
Strong points: Information is presented clearly and is national, so if an M.D. was censured in Kansas but now practices in Kentucky, it shows up in his or her profile.
Limitations: Reports don't include a doctor's current office address or phone number.

WWW.DOCBOARD.ORG

Its DocFinder links you to state licensing boards. All reveal when a doctor was licensed or the subject of any disciplinary action. Many states provide much more.
Cost: Free
Strong points: Run by the nonprofit Administrators in Medicine. Sometimes has more data than almost any other site (including whole files documenting disciplinary actions).
Limitations: Information can vary from state to state. The Illinois board, for instance, gives a single line listing a doctor's license number, status, issue and expiration dates and whether he or she has been disciplined. Michigan's board, on the other hand, also includes details of any open formal complaints. Can require a fair degree of computer skill.

WWW.AMA-ASSN.ORG

The American Medical Association's (AMA) DoctorFinder tool tells you where the doctor attended medical school and did his or her residency, plus provides an office phone number and location (with a link to a map), as well as where he or she has hospital admitting privileges. Information includes board certification, if any, "a real quality indicator," according to Samantha Collier, M.D., chief medical officer of the health care ratings organization HealthGrades, in Golden, Colorado.
Cost: Free
Strong points: Easy to use. You can search for a physician by name, state and specialty, or perform a "sounds-like" search if you are unsure of the exact spelling of a name.
Limitations: Lists only doctors who graduated from medical school or residency programs ago. Doesn't say whether a doctor has ever been disciplined. Another step is required for information on AMA members, and you get less data.



1st Quarter





2nd Quarter



3rd Quarter



AT LEAST YOU CAN KEEP YOUR HEARTBURN FROM COMING BACK.

Prilosec OTC® is the only over-the-counter heartburn medicine that works to provide 24-hour protection with one pill a day. It blocks heartburn before it starts, by stopping acid at the source.* So heartburn, unlike other annoying things in life, won't keep coming back.



THE ROUND-THE-CLOCK HEARTBURN BLOCKER

*It's proven: Prilosec OTC, taken as directed for 14 days for treating frequent heartburn. Not for immediate relief.

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Your *Medical Future*...Now

Bold and controversial health-care alternatives, born of doctor and patient frustration, are already being tried around the country



Health-care providers nationwide are as frustrated as you are by crowded waiting rooms and rushed appointments that have to be scheduled weeks or even months ahead. Many are reinventing their practices to offer more patient friendly care. Here, innovations that may be coming to your town.

DOCTOR ON CALL

In 2006 Robin Merlino, a primary care doctor in Fairfax, Virginia, left a four physician practice with a patient load of 2,000 to form a new concierge, or boutique, practice with just 600 patients. For $1,500 a year, her patients are guaranteed same- or next-day appointments that begin on time, an annual 2½-hour physical, a secure personal Web site through which they can review their medical records, and 24-hour phone access to the doctor, who schedules appointments with specialists when necessary. Such concierge practices have sprung up across the nation. At her old office, [illegible] day. "I wasn't able [illegible] a 11-year-old [illegible] the [illegible] Dr. [illegible] notes A[illegible]

By Leslie Laurence

tive, making follow-up calls to check on patients' progress. That enhanced relationship is a major draw of boutique care. "Patients want someone who cares," says Edward E. Goldman, M.D., chief executive officer and founding partner of MDVIP, the for-profit company that advised Dr. Merlino.

Boutique medicine promises a closer relationship with the doctor and a focus on prevention. But the hefty fee—typically $1,500 to $2,000 yearly per person, though it can go as high as $15,000, according to the Government Accountability Office—doesn't cover prescription drugs or most therapies, lab tests and other treatments beyond the annual physical. So patients must have additional health insurance that will pick up the tab or be able to foot the bills on their own.

Though Dr. Goldman cites unpublished data from MDVIP's 19,739 member patients CONTINUED

ILLUSTRATION JONATHAN BARKAT



Are bladder leaks and accidents interrupting your life?

Then maybe it's time to ask your doctor about Enablex, a prescription medicine for overactive bladder. Enablex can help **reduce leaks and accidents for a full 24 hours.** It's specifically designed to target the muscles that control the bladder. And help you control more and less interruptions.

Enablex is used in adults to treat symptoms of overactive bladder, including leaks and wetting accidents (called "urinary incontinence"), a strong need to go to the bathroom right away (called "urgency"), and having to go too often (called "frequency").

Important Information: You should not take oxybutynin while you take Enablex if you have certain types of stomach problems, glaucoma or have trouble emptying your bladder. Side effects of Enablex include blurred vision and more commonly dry mouth, constipation, indigestion, and abdominal pain. Use caution when doing certain activities until you know how Enablex affects you.

Please read the Patient Product Information that is with the medicine you get. If you don't have prescription coverage and can't afford your medicine, call 1-800-745-7844 or log onto pap.novartis.com. To get more information about Enablex or visit enablex.com. **Ask your doctor about Enablex.**

Enablex®
(darifenacin)
Life, less interrupted.



PATIENT INFORMATION

ENABLEX® *(ĕn-ā-blĕx)*

(darifenacin)
Extended-release tablets
7.5 mg or 15 mg

Rx only

Read the Patient Information that comes with ENABLEX® before you start taking it and each time you get a refill. There may be new information. This leaflet does not take the place of talking with your doctor or other healthcare professional about your medical condition or your treatment. Only your doctor or healthcare professional can determine if treatment with ENABLEX is right for you.

What is ENABLEX?
ENABLEX is a prescription medicine used in adults to treat the following symptoms due to a condition called overactive bladder
- having a strong need to go to the bathroom right away (also called "urgency")
- leaking or wetting accidents (also called "urinary incontinence")
- having to go to the bathroom too often (also called "urinary frequency")

What is overactive bladder?
Overactive bladder happens when you cannot control your bladder contractions. When these muscle contractions happen too often or cannot be controlled, you get symptoms of overactive bladder, which are urinary urgency, urinary incontinence (leakage) and urinary frequency.

Who should not take ENABLEX?
Do not take ENABLEX if you:
- are not able to empty your bladder (also called "urinary retention")
- have delayed or slow emptying of your stomach (also called "gastric retention")
- have an eye problem called "uncontrolled narrow-angle glaucoma"
- are allergic to ENABLEX or to any of its ingredients. See the end of this leaflet for a complete list of ingredients.

ENABLEX has not been studied in children.

What should I tell my doctor before starting ENABLEX?
Before starting ENABLEX, tell your doctor or healthcare professional about all of your medical conditions including if you:
- have any stomach or intestinal problems, or problems with constipation
- have trouble emptying your bladder or if you have a weak urine stream
- have an eye problem called narrow-angle glaucoma
- have liver problems
- are pregnant or are planning to become pregnant. It is not known if ENABLEX can harm your unborn baby.
- are breast-feeding. It is not known if ENABLEX passes into breast milk and if it can harm your baby.

Tell your doctor about all the medicines you take, including prescription and nonprescription medicines, vitamins, and herbal supplements. ENABLEX and certain other medicines can interact with each other, causing side effects. Especially tell your doctor if you take
- ketoconazole (Nizoral®) or itraconazole (Sporonox®), antifungal medicines
- clarithromycin (Biaxin®), an antibiotic medicine
- ritonavir or nelfinavir (Viracept®), antiviral medicines
- [illegible] (Sarafem®), a depression medicine
- [illegible] (Rythmodocor™), an abnormal heartbeat (antiarrhythmia) medicine
- [illegible] (Mellaril®), a mental disorder (antipsychotic) medicine
- [illegible] (Tegretol®), an epileptic (antiepileptic) medicine

[illegible] a list of them with you to show your [illegible]

[illegible] may prescribe [illegible]

- [illegible]
- ENABLEX [illegible] brushed
- ENABLEX [illegible]

[illegible] a dose of ENABLEX, begin taking ENABLEX again the next [illegible] not take [illegible] doses of ENABLEX in the same day.
[illegible] too much ENABLEX, call your local Poison Control Center or [illegible] right away.

What are possible side effects of ENABLEX?
[illegible] side effects with ENABLEX are:

[illegible]

ENABLEX may cause other less common side effects that include:
- [illegible]sion. Use caution while driving or doing dangerous activities until you know how ENABLEX affects you.
- heat prostration. Heat prostration (due to decreased sweating) can occur when drugs such as ENABLEX are used in a hot environment.

These are not all the side effects with ENABLEX. For more information, ask your doctor, healthcare professional or pharmacist.

How do I store ENABLEX?
- **Keep ENABLEX and all medicines out of the reach of children.**
- Store ENABLEX at room temperature, 59 to 86°F (15 to 30°C). Protect from light.
- Safely dispose of ENABLEX that is out of date or no longer needed.

General information about ENABLEX
Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not give ENABLEX to other people, even if they have the same symptoms you have. It may harm them.

This leaflet summarizes the most important information about ENABLEX. If you would like more information, talk with your doctor. You can ask your pharmacist or doctor for information about ENABLEX that is written for health professionals. You can also call the product information department at 1-888-44-ENABLEX (1-888-443-6225) or visit the website at www.Enablex.com.

What are the ingredients in ENABLEX?
Active Ingredient: darifenacin

Inactive Ingredients: dibasic calcium phosphate anhydrous, hydroxypropyl methylcellulose (hypromellose), lactose monohydrate, magnesium stearate, titanium dioxide and triacetin. The 15-mg tablet also contains FD&C Yellow No. 6 Aluminum Lake.

Appearance
The 7.5-mg tablet is round and white-colored with "DF" on one side and "7.5" on the other side.

The 15-mg tablet is round and peach-colored with "DF" on one side and "15" on the other side.

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showing this model of care reduces hospitalizations, no one has proved whether it actually helps patients' health. Some experts also note that luxury care makes health care less accessible to less affluent patients.

HOUSE CALLS MAKE A COMEBACK

House calls were once routine but disappeared as increasing costs meant physicians needed to fit more patients into every hour, notes Walter Krause, president and founder of Inn-House Doctor, a doctor-on-demand service that started in Boston. His firm, now in eight cities, is one of many that have sprung up in recent years to offer urgent care around the clock for travelers, families and others whose problems don't mandate an ER trip. The physicians may work full-time for the service or have other jobs.

Within minutes of your call you speak to a physician, and within an hour one shows up ready to do basic tests and treat such routine ills as earache or food poisoning. "We take care of 85 percent of what you used to go to the emergency room for," says Jordan Shlain, M.D., medical director of the San Francisco On Call Medical Group. Services generally provide a report for your own doctor. Depending on your plan, insurers may reimburse some of the $200 to $800 per-visit cost. For the insurance company, house calls are a savings over ER fees.

NO MORE LONG WAITS

Difficulty scheduling visits is a widespread problem. One solution is as simple as it sounds: same-day scheduling, also called advanced or open access. You call or e-mail your doctor in the morning and get an appointment that day, because the practice has left a large percentage of its slots open for this purpose.

Mark Murray, M.D., developed the idea in the early 1990s while managing a busy Kaiser Permanente primary-care department near Sacramento and cut the average wait time for appointments from 55 days to just one. A form of the system is now available to all 8.7 million customers of the giant California-headquartered health-care system, and other practices have begun similar programs.

WEB-BASED CARE

Reportedly, some 160 million U.S. adults have gone online for health information. But the Web is more than a research tool. Many people and their doctors are using Web-based services to communicate and to electronically store medical records accessible to patients and doctors and easily transmittable between physicians.

"You request an appointment, pay your bill and update your insurance online," says Pamela Pure, president of McKesson Technology Solutions, which owns RelayHealth, one such service for just under 12,000 doctors and their patients. Another option: Medem Inc.'s iHealth system, with more than 70,000 physicians.

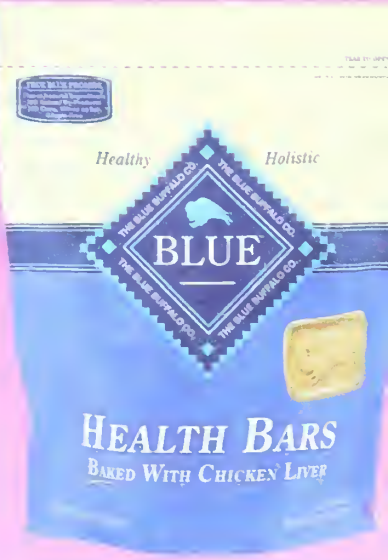
These networks let your doctor write your prescriptions electronically. Lab results arrive via e-mail to you and the doctor. Patients feeling under the weather can schedule e-visits: Their online answers to questions about symptoms are reviewed by the doctor, who decides if they need to come in. Fees may or may not be reimbursed by health insurance.

Last year 23 percent of the nation's primary care physicians kept electronic medical records for their patients, according to a Commonwealth Fund study.

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EVERYBODY WANTS TO lose weight



...but which "diet pill" is right for you?

There are two things we all know for sure... you can't be too rich or too thin (well... unless you're the Olsen twins). And if you're like most of us, you're still looking for the perfect diet pill because your last diet (and the one before that) probably failed. The truth is, no single weight-loss program or diet pill works for everybody... that's why, according to the latest government figures, weight loss remains a $30-billion-a-year business.

Choosing the right diet plan, diet book, or diet pill can be very confusing. Just take a trip to your local Wal-Mart or GNC. There are literally dozens of brightly-labeled bottles lining the shelves. Open up your favorite magazine. You'll see hundreds of before and after pictures, doctors in white coats, Hollywood celebrity endorsements, and outrageous promises like, "Lose 20 Pounds Overnight While You Sleep."

Want to know which diet pill is right for you? Here's a list of the most popular pills on the market today. Each is a little different... each addresses a specific weight-loss problem. One of these should help you get thin, stay thin, and put an end to diet failure.

All featured products are available at smarter retailers nationwide... or you can order directly from their respective distributors... Happy Dieting!

These

non-ephe

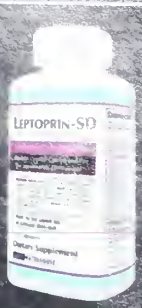
weight-loss claim is based solely on Zantrex-3's active weight-loss component. However, Zantrex-3's

A buyer's guide to America's best-selling diet pills.



EAT ALL YOU WANT AND STILL LOSE WEIGHT?

Sounds too good to be true... but this European breakthrough has the science to prove it. Called Akävar™ 20/50, it really is the fastest, easiest weight loss ever because people drop pounds and inches without "dieting" or additional exercise. Akävar actually puts your body into a negative caloric balance as it automatically reduces caloric intake. Although they're not really sure why, researchers think Akävar works through adjustments to the "hunger hormone" ghrelin or through its ability to delay gastric emptying. In plain English, you take this stuff before meals and you just don't want to eat. Available through Dynakor Pharmacal,® www.Akavar2050.com, or call 1-800-756-1957.



SIGNIFICANTLY OVERWEIGHT?

You've seen the ad: "When is a diet pill worth $153 a bottle?" When you truly need to lose weight... lots of weight... there's only one Leptoprin. At $153 a bottle, Leptoprin®-SD is much too expensive and much too powerful for the casual dieter. Leptoprin is not recommended for anyone who has a BMI less than 27. A.G. Waterhouse,™ Leptoprin.com, or call 1-800-814-5258.

Heard About "Combo Pilling"... Hollywood's Hottest New Weight-Loss Craze?

Ever wonder how Hollywood starlets get so thin... so fast? It could be "Combo Pilling"... the über-trendy, "underground" practice of combining two or more diet pills to create "supercharged" weight loss. Tinsel Town's favorite diet pill combination is Zantrex®-3 (the "rapid weight loss," incredible energy" diet pill) and Relacore® (the calming, feel good, "belly fat" pill). One pill picks you up, the other pill calms you down... both of them help you lose weight... but together, oh my goodness!
NOTE: Neither the maker of Zantrex-3 nor the maker of Relacore condone the practice of "Combo Pilling."





A SLIMMING GEL THAT REALL WORK

No less than the famed *Washington Po* dubbed Tummy Flattening Gel™ (TFG) "The Dream Cream." Don't let the name fool you... Tummy Flattening Gel permits you to reduce the appearance of bulging pockets of unsightly fat wherever they appear. Put TFG on your thigh, it goes to work directly on your thigh. Thick around the middle? Apply TFG to your waist or tummy and (with a little diet and exercise, of course) watch them shrink in size. You can even apply TFG to your double chin. Wherever you've got those unsightly lumps and bumps, there's nothing bette than topically-applied Tummy Flattening Gel... "The Dream Cream." Sövage™† Dermatologic Laboratories,™ Sovage.com, or call 1-800-910-3389.



AMERICA'S #1 "BELLY FAT" PILL

Everyone knows that stress increases cortisol... cortisol increases belly fat... and Relacore is the #1 belly fat pill across America. So if stress-induced belly fat is your problem, Relacore is the ultimate solution. It's easy... you'll love it. The Carter-Reed Company,™ Relacore.com, or call 1-800-414-4220.

PS: While known as a "belly fat" pill, millions use Relacore's anti-stress formula as a "feel good" pill.





MENOPAUSE IS MORE THAN HOT FLASHES AND MOOD SWINGS... IT'S ABOUT GAINING WEIGHT

Estrin-D® is the first and only diet pill specifically developed for adult women... to help combat menopausal and perimenopausal weight gain. If you're over 40 and just can't seem to lose the weight no matter how hard you try, menopausal weight gain could be the problem, and Estrin-D should be the diet pill for you. Plus, Estrin-D is said to help improve hormonal balance, so you feel great and lose weight in all the right places. Covaxil Laboratories, EstrinD.com, or call 1-800-903-1174.



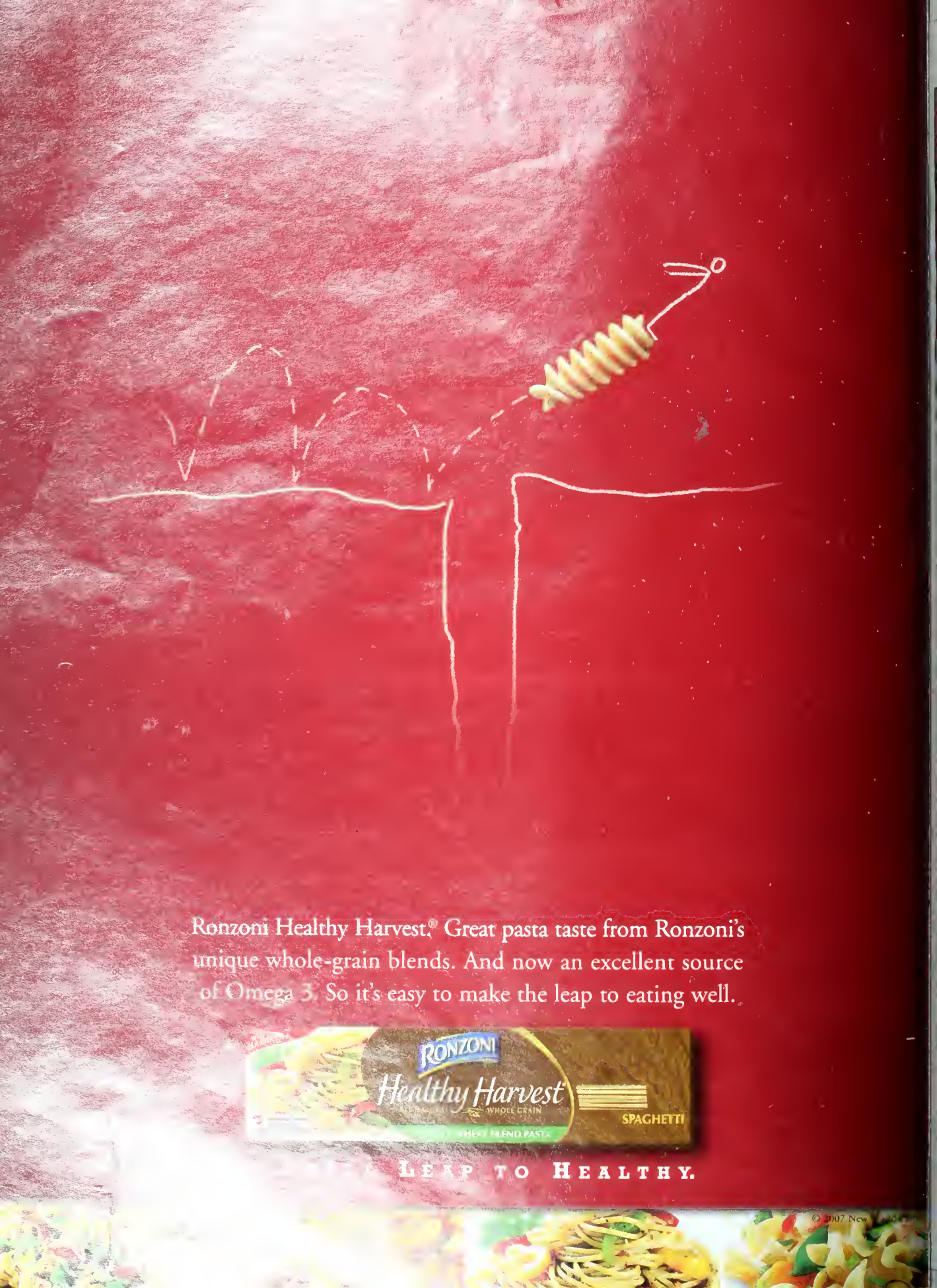


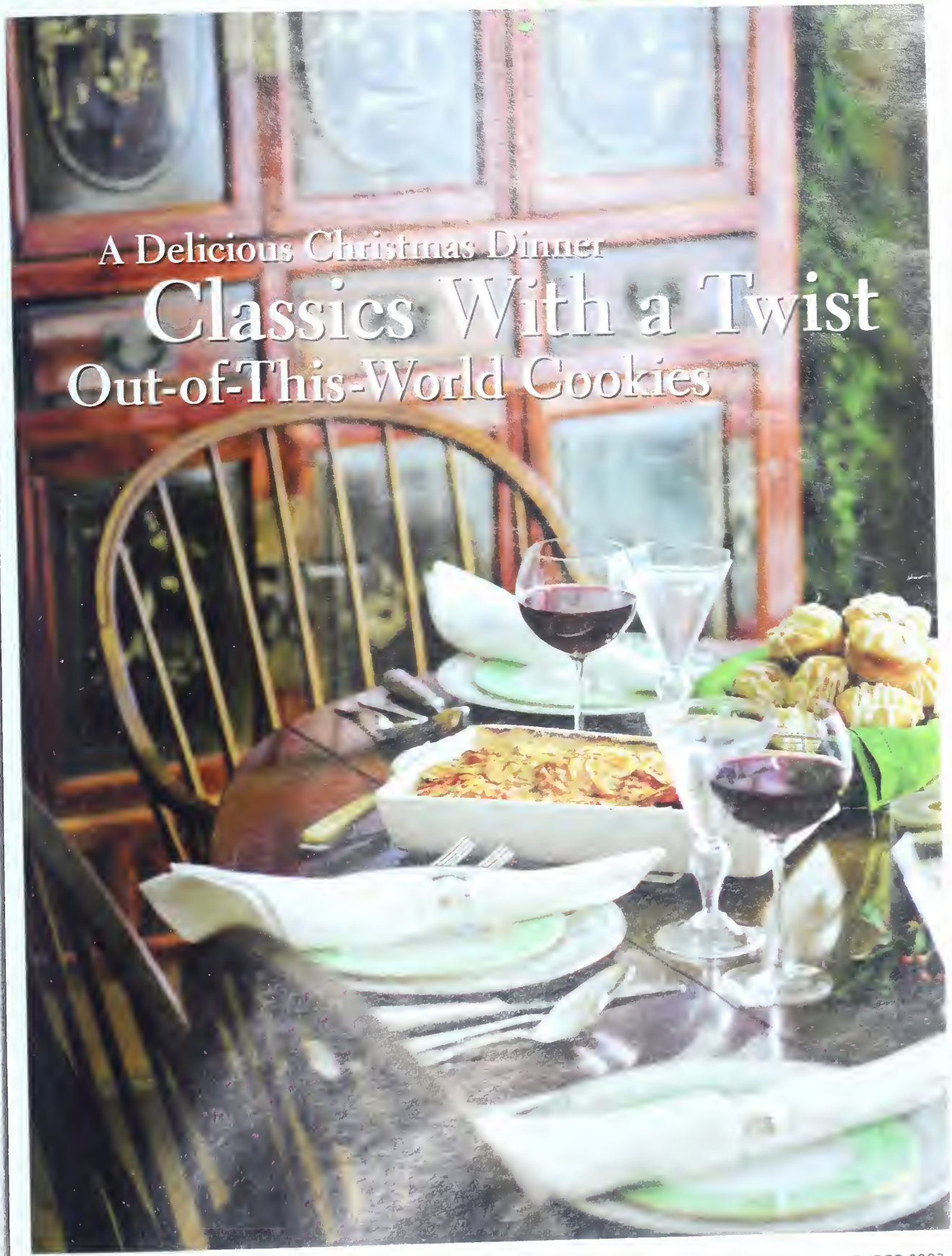
RAPID WEIGHT LOSS,* INCREDIBLE ENERGY

The most popular diet pill with the under-30 set, Zantrex-3 is serious weight loss and extreme energy together in one power-packed super pill... 546% more weight loss* than the leading ephedrine-based diet pill† and all the energy you'll ever want or need. Zoller Labs, Zantrex-3.com, or call 1-800-535-4192.

*For full study details, visit www.Zantrex-3.com. All trademarks are the property of their respective companies. †All references to the term Sövage™ refer to the full trade name of Sövage™ Dermatologic Laboratories.™ Individual results will vary. Use in conjunction with any sensible diet and exercise program.

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Out-of-This-World Cookies



Home FOR THE HOLIDAYS

Follow our simple recipes and make-ahead options and you'll have a Christmas feast that you won't be too tired to enjoy

The creative touches [illegible] pleasing favorites will delight [illegible] and tempt even the [illegible] And the rich tones of [illegible] glazed onions, the [illegible] deep brown of the roast and more—will set off your seasonal décor while making the dishes look as good as they taste. When you reach the showstopping desserts, you'll know you've offered your friends and family the most memorable holiday meal ever.



Prime Rib With Creamed Horseradish

SERVES 8 TO 10

Prep time: 15 min

Total time: 3 hrs 35 min

Kitchen cue: To save time, have the butcher cut and tie the roast.

- 1 9-lb beef rib roast (about 4 ribs), meat cut from bone, meat and bone tied together with kitchen twine
- 2½ teaspoons kosher salt
- 2 tablespoons Dijon mustard
- 1 tablespoon minced garlic
- ⅓ cup heavy cream
- ⅓ cup prepared horseradish
- ¼ cup cognac
- 1 can (14 oz) low-sodium beef broth
- 2 teaspoons whole pink peppercorns, coarsely crushed, plus more for garnish

◆ Place rib roast, fat side up, in a roasting pan and let stand at room temperature 1 hour.

◆ Heat oven to 450°F and place rack in center. Sprinkle roast with 2 teaspoons salt. Combine mustard and garlic; evenly spread over top of roast and season with black pepper.

◆ Roast 20 minutes, then reduce temperature to 325°F. Roast until an instant-read thermometer inserted in center by 2 inches (without touching bone) registers 125° to 130°F for medium-rare (loosely tenting with foil if top browns too quickly), about 2½ hours. Transfer to a cutting board, tent with foil and let stand 15 minutes before carving. (Internal temperature will rise 5 to 10 degrees.) Reserve pan and juices.

◆ Meanwhile, for Creamed Horseradish, whisk cream in a medium bowl until thickened but not yet holding soft peaks.

CONTINUED

Prime Rib, a longtime holiday favorite, gets creative with Creamed Horseradish

PHOTOGRAPHED BY QUENTIN BACON
RECIPES AND FOOD STYLING BY TARA BENCH

minutes. Gently fold in the radish and remaining ½ teaspoon salt; season with black pepper. Transfer to a serving bowl; chill 30 minutes or up to 1 hour.

◆ For pan sauce, pour pan juices into a fat separator; drain off fat. Add cognac and ½ cup broth to roasting pan. Bring to a simmer over medium-high heat, scraping up any browned bits with a spoon. Simmer until liquid has almost evaporated, about 8 minutes. Add remaining broth, the pan juices and peppercorns; simmer 5 minutes more. Transfer to a gravy boat.

◆ Cut twine from roast, remove bone and transfer meat to a cutting board; garnish with peppercorns, if desired. Serve sauce and Creamed Horseradish on the side.

Per serving: 560 calories, 35 g total fat, 15.5 g sat fat, [illegible] mg sodium, 2 g carbs, 33 mg calcium, [illegible] mg chol, 51 g protein, 0 fiber

Red Wine–Glazed Pearl Onions

SERVES 8 TO 10

Prep time: 15 min. **Total time:** 40 min.

- 2 tablespoons olive oil
- 2 bags (1 lb *each*) frozen white pearl onions, thawed
- 1 bay leaf
- 2 thyme sprigs, plus more for garnish
- ⅓ cup red wine vinegar
- ⅓ cup dry red wine
- 2 tablespoons sugar
- 1 teaspoon kosher salt
- ½ teaspoon freshly ground pepper

◆ In a large skillet, heat 1 tablespoon oil over medium-high heat. Add 1 bag of onions, the bay leaf and 1 thyme sprig. Cook, stirring occasionally, until onions begin to turn deep golden brown in spots, 6 to 8 minutes. Transfer to a bowl with a slotted spoon. Repeat with remaining 1 tablespoon oil, onions and thyme. Return first batch to skillet.

◆ In [illegible] together vinegar, wine, sugar, [illegible] to dissolve, and bring to a boil. [illegible] to medium-low and simmer, [illegible] occasionally, until liquid is the consistency of [illegible]

Red Wine–Glazed Pearl Onions lend festive color to the meal



and onions are glazed, 20 to 25 minutes. Discard bay leaf and stir in pepper. Garnish with thyme.

Per serving*: 80 calories, 3 g total fat, 0 sat fat, 144 mg sodium, 11 g carbs, 1 mg calcium, 0 chol, 1 g protein, 1 g fiber

Make-Ahead Orange Rolls

MAKES 24 ROLLS

Prep time: 30 min

Total time: 5 hrs

Kitchen cue: To make the rolls the same day, forgo freezing; let them rise about 15 minutes after placing in the pans and bake as directed.

- Vegetable cooking spray
- 2 envelopes active dry yeast
- ¼ cup warm water
- 1 cup lukewarm milk
- 2 large eggs
- ¼ cup granulated sugar
- 1½ teaspoons salt
- ¼ cup plus 5 tablespoons unsalted butter, softened
- 2 tablespoons finely grated orange zest (from 2 oranges)
- 3½ to 4 cups all-purpose flour, plus more for work surface
- 2 cups plus 3 tablespoons confectioners' sugar
- 2 to 3 tablespoons orange juice

◆ Coat a large bowl with cooking spray; set aside. In another large bowl, sprinkle yeast over warm water and let stand until foamy, about 5 minutes. Add milk, eggs, granulated sugar, salt, ¼ cup butter and 1 tablespoon zest. Gradually add flour, mixing with hands until a dough forms. Knead until dough is shiny and elastic, 3 to 5 minutes. Transfer dough to prepared bowl, turning to oil the top, cover with plastic wrap or a clean kitchen towel and let rise until doubled in bulk, about 1½ hours.

◆ For filling, in a bowl, mix together 3 tablespoons confectioners' sugar, remaining butter and zest; set aside.

◆ Lightly coat two 12-cup standard muffin pans with cooking spray; set aside. On a well floured work surface, knead dough 3 to 4 times to release air pockets. Using a floured rolling pin, roll out dough to an 18-by-14 inch rectangle. Brush some filling over bottom half of rectangle and fold over top half to enclose. Brush some filling over top, as above, and fold to enclose. Let rest 5 minutes. Roll out to a 16-by-10-inch rectangle and brush half with remaining filling, as above, and fold to enclose. Cut into 24 2-inch squares.

◆ Place squares, cut side up, in prepared pans. Coat two sheets of plastic wrap large enough to cover each pan with cooking spray; place, coated side down, over pans. Tightly wrap pans with plastic wrap or foil and freeze up to 10 days.

◆ When ready to bake, remove outside wrapping, leaving coated plastic wrap loosely over tops. Let dough thaw and rise until almost doubled in bulk, 2 to 2½ hours.

◆ Heat oven to 350°F and place rack in center. Bake rolls until golden, 15 to 18 minutes. Transfer pans to a wire rack and cool 5 minutes. Transfer rolls to rack and let cool completely.

◆ For icing, in a medium bowl, whisk together remaining confectioners' sugar and just enough juice to make a thin icing. Drizzle over rolls.

Per roll: 180 calories, 5 g total fat, 3 g sat fat, 157 mg sodium, 30 g carbs, 20 mg calcium, 30 mg chol, 2 g protein, 1 g fiber

Golden Potato and Carrot Gratin

SERVES 8 TO 10

Prep time: 30 min

Total time: 1 hr 50 min

Kitchen cue: To cut thin rounds of vegetables, use a mandolin slicer or food processor.

- Butter, for dish
- ⅔ cup heavy cream
- ⅔ cup low-sodium chicken broth
- ½ teaspoon kosher salt
- ¼ teaspoon freshly ground pepper
- ¼ teaspoon nutmeg
- 2 lbs Yukon Gold potatoes, peeled and thinly sliced crosswise
- 4 teaspoons fresh thyme leaves, coarsely chopped
- 2 cups (8 oz) grated Gruyère
- 5 large carrots (1 lb total), peeled and thinly sliced crosswise

◆ Butter the inside of a 2¾- to 3-quart baking dish. In a small bowl, stir together cream, broth, salt, pepper and nutmeg; set aside.

◆ In prepared dish, arrange one-third of potato slices, overlapping slightly. Sprinkle with ¾ teaspoon thyme and ¼ cup cheese. Repeat with carrot slices, thyme and cheese. Layer two more times, using both potatoes and carrots on top layer.

◆ Heat oven to 350°F and place rack in center. Stir cream mixture; evenly pour over gratin. Cover with foil. Bake until bubbling and vegetables just start to soften, about 40 minutes. Remove foil. Sprinkle top with remaining thyme and cheese. Bake, uncovered, until golden, 30 minutes more. Remove from oven and let stand 10

CONTINUED ON PAGE 174

YOUR WINE & DINE GUIDE

Make your holiday party a hit from s to finish with tasty, reasonably price table and dessert wines. For perfect pairings to the meal shown here, try:

• J. Lohr Estates South Ridge Paso Robles Syrah 2005, $15. This wine's deep and rich blackberry and plum flavors carry a hint of spice.

• Jaboûlet Beaumes-de-Venise Côtes du-Rhone Villages Le Paradou 2005, $17. Luscious berry, jam and licorice merge beautifully.

• Hugel et Fils Riesling 2005, $20. This dry Riesling features traces of fruity and floral notes.

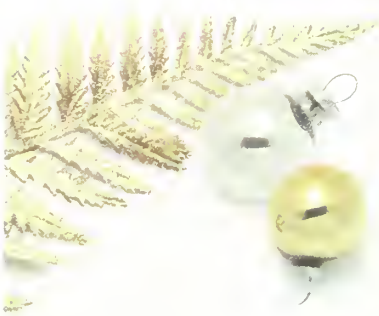
• Frei Brothers Reserve Dry Creek Va Merlot 2005, $20. Blackberry and cherry combine with hints of vanilla spice that come from oak barrel agin

• Rimon Winery Pomegranate Desser Wine 2005, $38. Its bright cherry fla mixes well with lingering notes of pomegranate and chocolate.

eful.

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the feelings
of the
holidays.



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of toasty cinnamon and you know
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Baby Broccoli With Hazelnut Butter takes advantage of a delicious seasonal vegetable



Make your day easier—and your table prettier—with Make-Ahead Orange Rolls

minutes before serving.

Per serving*: 285 calories, 17 g total fat, 10.5 g sat fat, 294 mg sodium, 22 g carbs, 351 mg calcium, 59 mg chol, 12 g protein, 3 g fiber

Baby Broccoli With Hazelnut Butter

SERVES 8 TO 10

Prep time: 30 min **Total time:** 30 min

4 tablespoons unsalted butter
½ cup (3 oz) skinned roasted hazelnuts, coarsely chopped
1 lb baby broccoli, trimmed
¼ teaspoon salt
Grated zest from 1 lemon

♦ For hazelnut butter, in a small saucepan, melt butter over medium-high heat. Add nuts and cook until butter begins to brown and nuts just start to turn golden, about 3 minutes. Remove from heat and let cool slightly.

♦ In a large nonstick skillet, bring ½ cup water to a boil over medium-high heat. Add broccoli and cook, turning occasionally, until just tender, 8 to 10 minutes. Using tongs, transfer to a platter. Stir together nuts, butter, salt and zest; spoon over broccoli.

Per serving*: 120 calories, 10.5 g total fat, 3.5 g sat fat, 82 mg sodium, 5 g carbs, 36 mg calcium, 14 mg chol, 3 g protein, 2 g fiber

Eggnog Custard

MAKES 8 TO 10 SERVINGS

Prep time: 25 min

Total time: 2 hrs 35 min

3 tablespoons granulated sugar
¼ cup cornstarch

CONTINUED

The gift of
good taste.

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the natural flavor of
real butter
for holiday entertaining.



REAL BUTTER
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Naturally sweet Golden Potato and Carrot Gratin

- 1¾ cups purchased eggnog
- ¾ cup milk
- 3 large egg yolks
- 1 tablespoon unsalted butter
- ⅛ teaspoon nutmeg, plus more for serving
- ½ cup heavy cream
- 1 tablespoon confectioners' sugar

◆ In a medium saucepan, whisk together granulated sugar, cornstarch and a pinch of salt. Whisk in eggnog, milk and egg yolks over medium heat until combined well. Stir constantly with a wooden spoon until mixture begins to boil; remove from heat. Stir in butter and nutmeg. Let cool slightly.
◆ Pour into small heatproof cups or ramekins, cover with plastic wrap and refrigerate 4 hours up to 24 hours.

◆ *To serve:* In a mixer bowl, beat together cream and confectioners' sugar on medium speed to soft peaks. Spoon whipped cream over custards and sprinkle with nutmeg.

Per ¼ cup: 150 calories, 9.5 g total fat, 4 g sat fat, 52 mg sodium, 13 g carbs, 150 mg calcium, 76 mg chol, 2 g protein, 0 fiber

Caramel-Cream Chocolate Cake

SERVES 12

Prep time: 45 min **Total time:** 3 hrs

For cake layers:

- 2 cups (1 lb) unsalted butter, softened, plus more for pans
- 1 cup cocoa powder, plus more for pans
- 3 cups all-purpose flour



- 2 teaspoons baking powder
- ½ teaspoon baking soda
- ½ teaspoon salt
- 3 cups sugar
- 4 large eggs
- 2 teaspoons pure vanilla extract
- 2 cups sour cream

For Caramel Cream and decoration:

- 1¾ cups sugar
- 1¼ cups heavy cream
- 1 tablespoon light corn syrup
- 4 oz bittersweet chocolate, chopped

◆ Heat oven to 350°F and place rack in center. Butter three 9-inch round cake pans, line bottoms with parchment paper and butter paper. Dust with cocoa; set aside.
◆ *Make cake layers:* In a medium bowl, whisk together cocoa, flour, baking powder, baking soda and salt; set aside. In a large mixer bowl, beat together butter and sugar until light and fluffy, about 1 minute. Beat in eggs and extract until combined well. Alternately beat in flour mixture and sour cream, beginning and ending with the flour mixture, scraping down sides of bowl, until combined. Divide batter among prepared pans.

CONTINUED

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Eggnog Custard and Caramel-Cream Chocolate Cake

◆ Bake until a toothpick inserted in center comes out clean, 35 to 40 minutes. Cool cakes in pans on wire racks 15 minutes. Remove cakes from pans, peel off paper and place, right side up, on racks; let cool completely.

◆ Slice domes off 2 cakes to level. Place 1 trimmed cake on a serving platter that fits in refrigerator; set aside.

◆ *Make Caramel Cream:* In a medium saucepan, heat ¾ cup sugar and ½ cup water over medium high heat, stirring until sugar dissolves. Using a pastry brush dipped in water, brush down any sugar crystals on sides of pan. Boil (do not stir) until a deep amber color, about 20 minutes. Remove from heat. Using a clean dry spoon, stir in 6 tablespoons cream (mixture will bubble). Let caramel cool 10 minutes.

◆ Meanwhile, in a [illegible] bowl, beat together ¾ cup [illegible] syrup to stiff peaks. Gently fold in ¼ cup caramel until combined. Transfer remaining caramel to an airtight container and refrigerate. Spread half of the caramel cream over cake on platter, cover with second trimmed cake and spread with remaining caramel cream. Refrigerate until cream is set, about 20 minutes. Top with third cake and refrigerate (up to 2 hours).

◆ For chocolate curls, combine chocolate and remaining cream in a microwave-safe bowl. Microwave on High 1 minute; stir. Let stand 5 minutes; stir (if chocolate has not completely melted, microwave 30 seconds more). In a rimmed pan, spread into a 9-by-5 inch rectangle. Freeze until firm, about 30 minutes. Let stand at room temperature until just starting to soften, about 5 minutes. Using a teaspoon, scrape [illegible] making curls.

Transfer to a plate and refrigerate.

◆ For sugar nests, secure two wooden spoons, 6 inches apart, on a tabletop with handles extending over edge by about 10 inches. Line floor under and around spoons with newspaper. In a small saucepan, combine remaining sugar and ½ cup water; cook over medium high heat, stirring, until sugar dissolves. Using a pastry brush dipped in water, brush down any sugar crystals on sides of pan. Boil (do not stir) until a medium amber color, about 18 minutes. Remove from heat and let cool slightly.

◆ Using two forks, backs together, dip tines in caramel and gently whip back and forth over spoon handles to form strings. Repeat, making several caramel strings. Using hands and working quickly (caramel will harden in a few minutes), gently gather and roll into a loose ball. Repeat and wrap additional strings around ball to form a large nest.

◆ *To serve:* Pour reserved caramel over cake and let drip down sides. Arrange nest and curls on top and around cake. Serve immediately.

Per serving: 830 calories, 48.5 g total fat, 29 g sat fat, 244 mg sodium, 93 g carbs, 167 mg calcium, 195 mg chol, 6 g protein, 1 g fiber

*Based on 9 servings.



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HEAVEN-SENT *Cookies*

They look divine but are devilishly easy to make and decorate



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RECIPES AND FOOD STYLING BY TARA BENCH

Brown Sugar Shortbread Trees

MAKES 10 TREES (70 COOKIES)
Prep time: 40 min
Total time: 2 hrs 40 min

- 1 cup unsalted butter, softened
- ¼ cup confectioners' sugar
- ¼ cup packed dark brown sugar
- 1 teaspoon pure vanilla extract
- 2 cups all-purpose flour, plus more for work surface
- ¾ teaspoon salt
- 1 cup Royal Icing (recipe, page 192)
- ¼ cup green sanding sugar
- 10 small gumdrops, for decoration

◆ In a mixer bowl, beat together butter, confectioners' and brown sugars on medium speed until light, about 2 minutes. Beat in extract, then flour and salt until a dough forms. Wrap well in plastic wrap, flatten into a disk and chill until firm, about 1 hour or up to 1 week.

◆ Heat oven to 325°F and CONTINUED



Peanut Butter Rudolph Reindeer

place rack in center. Line two baking sheets with parchment paper. On a floured work surface, using a floured rolling pin, roll out dough to about ⅛ inch thick, occasionally running a spatula under dough to keep from sticking to work surface. Using 1¼-, 1¾-, 2½- and 3-inch star cookie cutters (see page 194), cut out ten 1¼-inch and 20 of each of the other sizes; transfer to prepared sheets. Bake, one sheet at a time, until just golden around edges, 8 to 10 minutes. Transfer sheets to a wire rack and let cool completely.

◆ Transfer icing to a decorating bag fitted with a small plain tip (tip number 3, see page 194). Secure end of bag with a rubber band, squeezing out air. (When not using, place, tip side down, in a tall glass with a damp paper towel in bottom so icing doesn't harden in tip.)

◆ Working with one cookie at a time, pipe icing around rim of each star and sprinkle with sanding sugar. Let stand until set, about 30 minutes.

◆ For each tree, using a dab of icing to adhere, stack 2 large, 2 medium, 2 small and 1 tiny star; top with a gumdrop. (*Can be made ahead. Store in an airtight container at room temperature up to 2 days.*)

Per tree: 500 calories, 18.5 g total fat, 12 g sat fat, 182 mg sodium, 81 g carbs, 15 mg calcium, 49 mg chol, 1 g protein, 0 fiber

Peanut Butter Rudolph Reindeer

MAKES 48 COOKIES

Prep time: 40 min **Total time:** 1¼ hrs

½ cup unsalted butter, softened
¾ cup peanut butter
⅓ cup granulated sugar
⅓ cup packed light brown sugar
1 large egg
1 teaspoon pure vanilla extract
1½ cups all-purpose flour
1 teaspoon baking soda
½ teaspoon salt
48 large red M&M candies
96 mini semisweet chocolate chips
Pretzels, broken into 96 1-inch pieces

◆ Heat oven to 375°F and place rack in



Chocolate Peppermint–Marshmallow Sandwiches

center. Grease two baking sheets. In a large mixer bowl beat together butter, peanut butter and sugars on medium speed until light, about 2 minutes. Add egg and extract; beat until combined. Stir in flour, baking soda and salt until a dough forms. Roll into 1-inch balls and place 1 inch apart on prepared sheets.

◆ Bake, one sheet at a time, until just set and bottoms are golden, 8 to 10 minutes. For each cookie, immediately place 1 M&M in center for nose, 2 chocolate chips for eyes and 2 pretzel pieces on top for antlers. Transfer cookies on sheets to a wire rack and let cool completely. (*Can be made ahead. Store in an airtight container at room temperature, in single layers separated by waxed paper, up to 2 days.*)

Per cookie: 80 calories, 4.5 g total fat, 2 g sat fat, 101 mg sodium, 9 g carbs, 6 mg calcium, 10 mg chol, 1 g protein, 0 fiber

Chocolate Peppermint Marshmallow Sandwiches

MAKES 48 SANDWICHES
Prep time: 30 min
Total time: 1 hr 20 min

- 1 cup all-purpose flour
- ½ cup unsweetened cocoa powder
- ½ teaspoon baking soda
- ½ teaspoon salt
- 4 oz unsweetened chocolate, chopped
- 1 cup unsalted butter
- 1½ cups sugar
- 1 teaspoon pure vanilla extract
- 2 large eggs
- 1 cup red and white nonpareils
- 1 recipe Peppermint Marshmallow (prepared when instructed; next recipe, this page)

◆ Heat oven to 325°F and place rack in center. Line one baking sheet with parchment paper. In a medium bowl, whisk together flour, cocoa, baking soda and salt; set aside. In a medium saucepan, melt together chocolate and butter over medium heat, stirring occasionally. Let stand until cool, about 20 minutes. Stir in sugar and extract until combined. Stir in eggs until combined well. Add flour mixture and stir until a soft dough forms.

◆ Roll cookies into ¾-inch balls. Dip tops in nonpareils and place, coated side up, 1 inch apart on prepared sheet. Bake until set but not firm to the touch, 10 to 13 minutes. Using a metal spatula, transfer cookies to a wire rack and let cool completely.

◆ Meanwhile, prepare Peppermint Marshmallow. Transfer half to a large decorating bag fitted with a ½-inch plain tip or coupler (see page 194). Pipe mounds, about ½ inch high, on flat side of half of the cookies. Top with remaining cookies, making sandwiches. (*Can be made ahead. Store in an airtight container at room temperature, in single layers separated by waxed paper, up to 2 days.*)

Per cookie: 110 calories, 4 g total fat, 2 g sat fat, 55 mg sodium, 19 g carbs, 15 mg calcium, 14 mg chol, 1 g protein, 0 fiber

Peppermint Marshmallow

MAKES 4 CUPS
Prep time: 30 min
Total time: 30 min

- 1 packet unflavored gelatin
- ⅓ cup cold water
- 1 cup sugar
- 2 oz peppermint candies,

CONTINUED



Dulce de Leche Chocolate Bars with swirled top



Dulce de Leche Chocolate Bars with decoration

very finely crushed (⅓ cup)
Red liquid food coloring (optional)

◆ In a large mixer bowl, sprinkle gelatin over cold water and let stand until softened, about 5 minutes.
◆ Meanwhile, in a small saucepan, combine sugar and ⅓ cup water. Stir over medium high heat until sugar dissolves. Using a pastry brush dipped in water, brush down sugar crystals on sides of pan. Place a candy thermometer into mixture (see page 194). Boil (do not stir) until syrup registers 238°F (soft ball stage), about 10 minutes. Pour into gelatin.
◆ Using the whisk attachment, beat gelatin mixture on medium low speed until slightly cooled, about 5 minutes. Increase speed to medium high and beat to soft peaks, about 12 minutes. Stir in candy until combined. Tint with food coloring (if using). Use immediately.

Chocolate Peppermint-Marshmallow Dreams

(pictured on page 188)

MAKES 50 COOKIES

Prep time: 1 hr **Total time:** 1 hr 45 min

Kitchen cue: Spread leftover marshmallow in a pan, let set, then cube and use in hot chocolate.

50 purchased vanilla wafer cookies
1 recipe Peppermint Marshmallow (recipe, page 183)
1 cup red and white nonpareils
1 lb semisweet chocolate, chopped

◆ Arrange cookies, in a single layer, on a baking sheet. Transfer half of marshmallow to a large decorating bag fitted with a ½ inch plain tip or coupler (see page 194). Pipe 1 mound, about 1 inch high, on each cookie. Let stand until set, at least 30 minutes or up to 1 hour.
◆ Spread out nonpareils in a rimmed baking sheet; set aside. Melt chocolate and let cool slightly; transfer to a small bowl. Working with 1 cookie at a time, hold cookie and dip marshmallow top in chocolate, then turn to coat completely. Place, cookie side down, on nonpareils to coat bottom. Lightly sprinkle top with nonpareils. When tray is full, chill until set, 15 minutes. *(Can be made ahead. Store in an airtight container in refrigerator up to 3 days.)*

Per cookie: 100 calories, 4.5 g total fat, 2 g sat fat, 28 mg sodium, 16 g carbs, 4 mg calcium, 0 chol, 1 g protein, 1 g fiber

Dulce de Leche Chocolate Bars

MAKES 48 BARS

Prep time: 50 min
Total time: 3 hrs 10 min

For crust:

1 cup unsalted butter, softened
½ cup confectioners' sugar
1 teaspoon pure vanilla extract
2 cups all-purpose flour
¾ teaspoon salt

For filling and top layer:

7 tablespoons unsalted butter
⅓ cup packed dark brown sugar
2 cans (14 oz *each*) sweetened condensed milk
Pinch salt

CONTINUED ON PAGE 188

The recipe has survived three generations.
The cookies haven't been so lucky.



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10 [illegible]
chopped

For decoration (optional):
[illegible] oz white chocolate, melted
Red and green food coloring
Red and green mini M&M candies
Red and green fruit leather

◆ *Make crust:* Heat oven to 350°F; place rack in center. Line a 13-by-9-inch baking pan with parchment paper, allowing paper to extend on two sides.
◆ In a mixer bowl, beat together butter and confectioners' sugar on medium speed until light, about 2 minutes. Beat in extract, then flour and salt until combined well. Press along bottom and ½ inch up sides of prepared pan. Bake until just golden brown around edges, 12 to 18 minutes. Transfer pan to a wire rack and let cool completely.
◆ *Make filling:* Meanwhile, in a medium saucepan, combine butter, brown sugar, milk and salt. Bring to a boil over medium heat, stirring constantly. Reduce heat to low and gently simmer, stirring constantly, until thickened and a deep caramel color, about 15 minutes. Pour over crust and spread evenly; refrigerate until completely cool, about 1 hour.
◆ Melt semisweet chocolate; let cool slightly. Using a spatula, evenly spread over filling (for swirled top, see below). Refrigerate until set, about 1 hour. Using a knife, score chocolate layer into $1^{1}/_{2}$-inch squares.
◆ *For swirled top:* Divide white chocolate into three parts. Tint one part red and one part green. Leave remaining part white. Dollop red, green and white chocolates over semisweet layer. Using a toothpick, gently swirl together colors.
◆ *For decoration:* Using white chocolate, adhere candies to squares, making holly or wreaths. Using a small, clean paintbrush, make a snowman out of white chocolate; decorate with candy. Let stand until set, about 20 minutes.
◆ Run a sharp knife under hot water; dry. Following score marks, cut into squares. Wipe knife after each cut (run under hot water and dry as needed). *(Can be made ahead. Store in an airtight container in the refrigerator up to 1 week.)*

Per cookie (without decoration): 160 calories, 9 g total fat, 5.5 g sat fat, 63 mg sodium, 19 g carbs, 53 mg calcium, 20 mg chol, 2 g protein, 0 fiber

Gingerbread House Façades

MAKES 9 TO 10 FAÇADES

Prep time: 1 hr 15 min
Total time: 2 hrs 35 min

- 3 cups all-purpose flour, plus more for work surface
- 2 teaspoons ground ginger
- 2 teaspoons ground cinnamon
- $^{1}/_{2}$ teaspoon salt
- $^{1}/_{2}$ teaspoon baking soda
- $^{1}/_{4}$ teaspoon baking powder

CONTINUED ON PAGE 102



ORMULA 410 SEEMED LIKE

A GOOD IDEA, BUT YELLING "TAKE COVER" WITH EACH SPRAY GOT ANNOYING.



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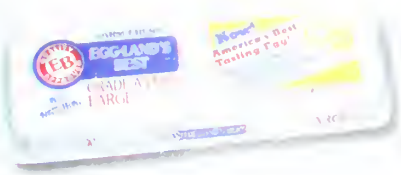


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Candy Crunch Pudding Pie

2 minute prep

Prep: 20 min. plus refrigeration

2 cups cold milk
2 pkg. (4-serving size each) JELL-O Chocolate Flavor Instant Pudding & Pie Filling
1 tub (8 oz.) COOL WHIP Whipped Topping, thawed, divided
2 milk chocolate English toffee candy bars (1.4 oz. each), chopped, divided
1 OREO Pie Crust (6 oz.)
1 square BAKER'S Semi-Sweet Baking Chocolate, melted

BEAT milk and dry pudding mixes with whisk 2 min. or until well blended. Gently stir in half of the whipped topping and all but 3 Tbsp. of the candy.

SPOON into crust.

TOP with remaining whipped topping and candy. Drizzle with chocolate. Serve immediately or refrigerate until ready to serve.

Makes 8 servings.



Festive Pineapple-Cranberry Salad

10 minute prep

Prep: 10 min. plus refrigeration

1 can (20 oz.) DOLE® Crushed Pineapple, undrained
2 pkg. (4-serving size each) JELL-O Raspberry Flavor Gelatin
1 can (16 oz.) whole berry cranberry sauce
1 DOLE Apple, chopped
⅔ cup chopped PLANTERS Walnuts

DRAIN pineapple, reserving juice. Remove 1 Tbsp. pineapple; set aside. Add enough cold water to juice to measure 3 cups; pour into saucepan. Bring to boil; remove from heat. Add dry gelatin mixes; stir 2 min. Stir in cranberry sauce. Pour into large bowl. Refrigerate 1½ hours or until slightly thickened.

STIR in pineapple, apples and walnuts.

REFRIGERATE 4 hours or until firm. Garnish with reserved pineapple, sliced apple and some fresh mint.

Makes 14 servings, ½ cup each.



Tiramisu Bowl

20 minute prep

Prep: 20 min. plus refrigeration

pkg. (8 oz.) PHILADELPHIA Cream Cheese, softened
cups cold milk
pkg. (4-serving size each) JELL-O Vanilla Flavor Instant Pudding & Pie Filling
tub (8 oz.) COOL WHIP Whipped Topping, thawed, divided
3 NILLA Wafers
cup brewed MAXWELL HOUSE Coffee, cooled, divided
squares BAKER'S Semi-Sweet Baking Chocolate, coarsely grated
cup fresh raspberries

EAT cream cheese in large bowl with electric mixer until reamy. Gradually beat in milk. Add dry pudding mixes; mix ell. Stir in 2 cups of the whipped topping.

NE bottom and sides of a 2½-qt. bowl with half of the wafers; rizzle with half of the coffee. Layer half of the pudding mixture ver wafers, and then top with half of the grated chocolate. epeat all layers starting with the wafers and coffee. Top with emaining whipped topping and raspberries.

EFRIGERATE at least 2 hours. Store leftovers in refrigerator.

akes 16 servings.







JELL-O Vanilla
Cool Whip
Nilla Wafers
Dole Crushed Pineapple
Baker's


Gingerbread House Façades

¼ teaspoon ground cloves
¼ teaspoon [illegible]
½ cup unsalted butter, softened
½ cup packed dark brown sugar
1 large egg
½ cup unsulfured molasses
1 Gingerbread House Façade template (see page 194)
1 cup Royal Icing (next recipe, this page)
4 to 5 oz assorted candy

◆ In a bowl, whisk together flour, ginger, cinnamon, salt, baking soda, baking powder, cloves and pepper; set aside.
◆ In large mixer bowl, beat together butter and sugar until light, about 2 minutes. Beat in egg and molasses until combined. Add flour mixture; beat until a dough forms. Halve dough, wrap in plastic wrap, flatten into disks and chill until firm, about 15 minutes.
◆ Heat oven to 350°F and place rack in centre. Line two baking sheets with parchment paper. On a floured work surface, using a floured rolling pin, roll out dough to ⅛-inch thickness. Using template and a small knife, cut out houses and transfer to prepared sheets. Bake until set, 7 to 9 minutes. Transfer sheets to wire racks and let cool 2 minutes. Transfer cookies to racks and let cool completely.
◆ Transfer 1 cup icing to a decorating bag fitted with a small plain tip (tip number 3, see page 194). Secure end of bag with a rubber band, squeezing out air. Decorate façades with icing and candy. (When not using bag, place, tip side down, in a tall glass with a damp paper towel in the bottom so icing doesn't harden in tip.)

Per façade (without candy): 600 calories, 11.5 g total fat, 6.5 g sat fat, 237 mg sodium, 121 g carbs, 77 mg calcium, 51 mg chol, 2 g protein, 1 g fiber

Royal Icing

MAKES 2 CUPS

Prep time: 15 min **Total time:** 15 min

1 box (1 lb) confectioners' sugar
4 tablespoons meringue powder or powdered egg whites (see page 194)

◆ In a large mixer bowl, combine sugar,

Take Out.



Cream Cheese and Orange Essence Christmas Trees

meringue powder and ¼ cup water. Beat on low speed (adding more water, as needed), scraping down sides of bowl, to stiff peaks, about 5 minutes. (If not using immediately, store in an airtight container at room temperature up to 3 days. Stir before using.)

Per tablespoon: 55 calories, 0 total fat, 0 sat fat, 0 sodium, 14 g carbs, 0 calcium, 0 chol, 0 protein, 0 fiber

Cream Cheese and Orange Essence Christmas Trees

MAKES 20 COOKIES

Prep time: 45 min **Total time:** 1 hr

- 1 cup unsalted butter, softened
- 1 package (3 oz) cream cheese, at room temperature
- 1 cup granulated sugar
- 1 large egg
- 2 teaspoons finely grated orange zest
- 2 cups all-purpose flour
- ¼ teaspoon salt
- Green food coloring
- 20 lollipop sticks
- 1 cup confectioners' sugar
- 2 tablespoons fresh orange juice
- 2 tablespoons white sanding sugar

◆ Heat oven to 350°F and place rack in center. Line two baking sheets with parchment paper.

◆ In a large mixer bowl, beat together butter, cream cheese and granulated sugar until light, about 2 minutes. Beat in egg and zest until combined well. Stir in flour and salt until a dough forms.

◆ Halve dough; stir a few drops of food coloring into one half. Transfer some of each dough color, side by side, to a decorating bag fitted with a ½ inch plain tip or coupler (see page 191). Pipe 4-inch-long tree shapes, 1 inch apart, on prepared sheets, bottoms facing 3 to four inches from outer edge. Insert sticks halfway through bottoms. Bake, one sheet at a time, until just golden around edges, 15 to 18 minutes. Transfer sheet to a wire rack and let cool completely.

◆ Whisk together confectioners' sugar and juice. Drizzle over each tree; sprinkle with sanding sugar. *(Store in an airtight container at room temperature, in single layers, up to 2 days.)*

Per cookie: 215 calories, 11 g total fat, 7 g sat fat, 47 mg sodium, 27 g carbs, 10 mg calcium, 40 mg chol, 1 g protein, 0 fiber



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BEAUTY SIGHTINGS PAGE 34 Profound; www.profoundbeauty.com for salons.

'TIS THE SEASON PAGES 38-43 Mini Bourjois; Ulta. Napoleon Perdis; www.napoleonperdis.com. Lancôme; fine department stores. Lorac; Sephora. Mary Kay; www.marykay.com. Sephora; Sephora. CLOTHING CREDITS: Paul & Joe; H. Lorenzo Los Angeles, 310-659-5785. Agnès B.; www.agnesb.net for store information. Dereeury; www.luisaviaroma.com.

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THE CHARMS OF CHRISTMAS PAGES 88-94: Decorator; Colleen Charlesworth, Decorative Living, Westport, CT; colmary@optonline.net. All crafts supplies and ribbons throughout; Michaels, www.michaels.com for stores. All ornaments, candleholders, glitter star tree topper, stocking hook, snowflakes in window and glitter houses, Seasons of Cannon Falls; www.seasonsofcannonfalls.com for stores. Crown Jewel Platinum Plates, Madison Avenue Toasting Flutes and Wine Glasses; Mikasa, www.mikasa.com for stores. Birds, Seasons of Cannon Falls. Hemstitched napkins in cranberry; Pottery Barn, www.potterybarn.com. Place mats, homeowner's own. PAGE 91: Pre-lit Balsam Spruce tree, www.treetopia.com. Children's clothes, E Land Kids; www.elandkids.com for stores. Stockings, homeowners' own. PAGE 92. Mini treehouses, Michaels.

HEAVEN-SENT COOKIES PAGES 181-188: Disposable decorating bags (item number 526371), $2.69 for pack of 12; Sweet Celebrations catalog, 800-328-6722. Plain pastry ½-inch tip (tip number 806, item number 700806), $1.99, and plain decorating tip (tip number 3, item number 700003), 79 cents; Sweet Celebrations. Wilton Regular Coupler (item number 622145), 59 cents; Sweet Celebrations. PAGE 181: (Brown Sugar Shortbread Trees) Five-piece star cookie cutter set (item code CS1988), $10.50 each; Kitchen Krafts, 800-298-5389 or www.kitchenkrafts.com. Deluxe Meringue Powder (item number 638358), 8-ounce jar, $5.79; Sweet Celebrations. Fine green sugar, 1-ounce bottle (item number 601333), $1.99; Sweet Celebrations. PAGE 183: (Chocolate Peppermint-Marshmallow Dreams) Taylor Classic Candy and Deep-Fry Analog Thermometer, $10.23; www.amazon.com. White nonpareils, 3.75-ounce bottle (item number 32158), and red nonpareils, 3.75-ounce bottle (item number 649589), $1.99 each; Sweet Celebrations. PAGE 193: (Cream Cheese and Orange Essence Christmas Trees) Fine sanding sugar, 4-ounce bottle (item number 49549), $1.99; Sweet Celebrations.

e (actual size) for a
age 188 for recipe.

Ladies' Home Journal Holiday Giveaway Abbreviated Rules

Subject to Official Rules and entry at www.lhj.com/holidaygiveaway; www.bhg.com/holidaygiveaway; www.familycircle.com/holidaygiveaway; www.parents.com/holidaygiveaway; www.diyideas.com/holidaygiveaway. No purchase necessary to enter or win. The Holiday Giveaway begins October 10, 2007, and ends December 31, 2007. Entries must be received by 11:59 P.M., E.T., on December 31, 2007. Open to legal residents of the 50 United States, and the District of Columbia, 21 years or older. One entry per household per day. Void where prohibited. Operator: Meredith Corporation.

Ladies' Home Journal QVC Holiday Eye Makeup Giveaway Abbreviated Rules

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NO PURCHASE NECESSARY TO ENTER OR WIN.

To enter, send a postcard with your name, address and daytime phone number to: *Ladies' Home Journal* QVC Holiday Eye Makeup Giveaway, Attn. Beauty Department, 375 Lexington Ave, 9th Floor, New York, NY 10017. The QVC Holiday Eye Makeup Giveaway begins November 13, 2007, and ends December 11, 2007. Entries must be postmarked on or before December 11, 2007, and received by December 18, 2007. Open to legal residents of the 50 United States, and the District of Columbia, 21 years or older. One entry per household. Void where prohibited. Operator: Meredith Corporation.

Ladies' Home Journal Toy Sweepstakes Abbreviated Rules

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To enter, send a postcard with your name, address and daytime phone number to: *Ladies' Home Journal* Toy Sweepstakes, 375 Lexington Avenue, 9th floor, New York, NY 10017. The Toy Sweepstakes begins on November 13, 2007, and ends on December 10, 2007. Entries must be postmarked on or before December 10, 2007, and received by December 16, 2007. Open to legal residents of the 50 United States and the District of Columbia (excluding Puerto Rico, all U.S. Territories and possessions, and all overseas military installations), 21 years or older. One entry per person and per household. Void where prohibited. Operator: Meredith Corporation.

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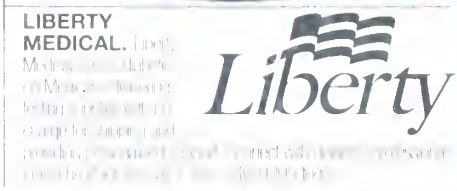
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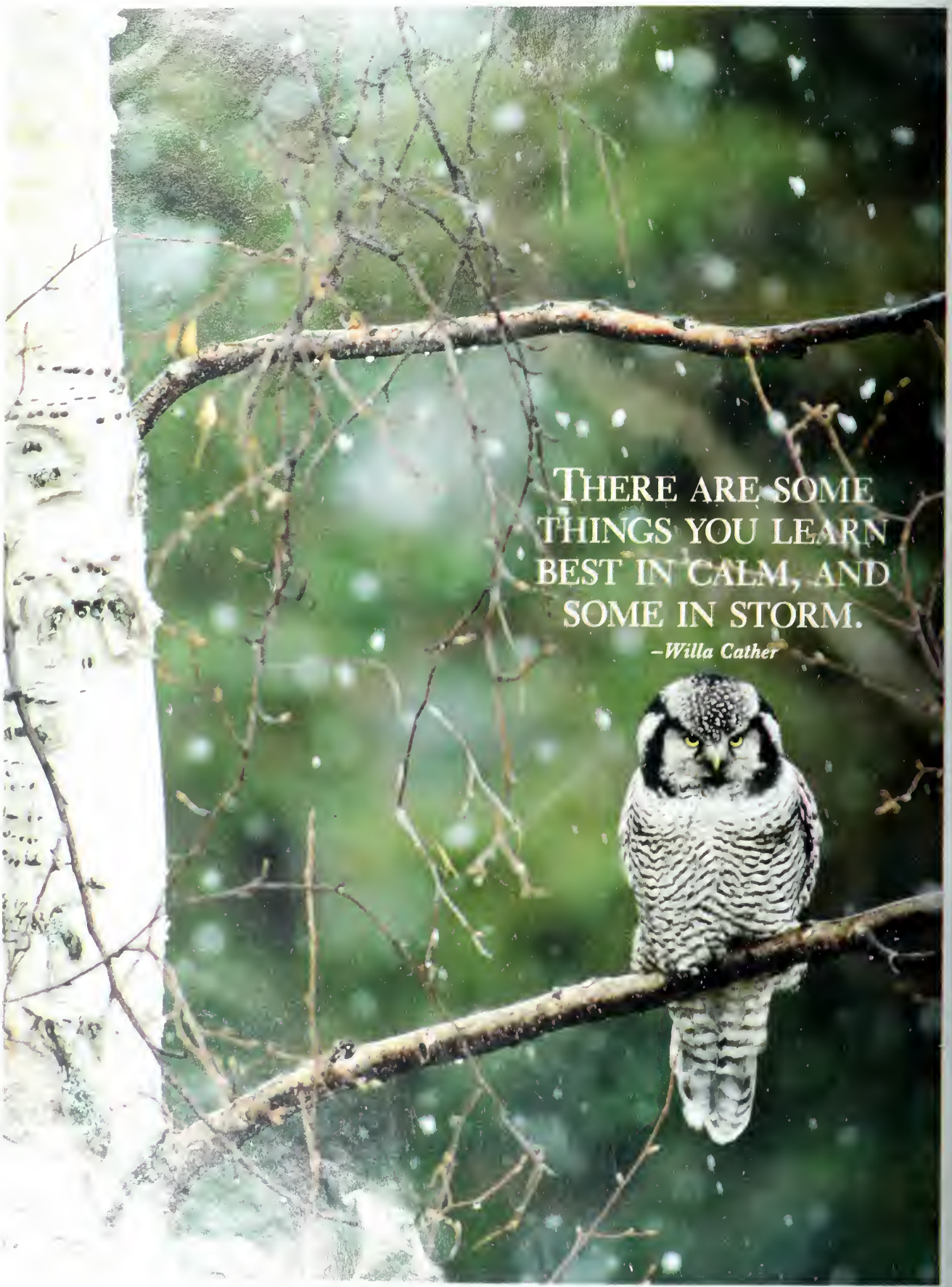
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